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LIST OF ACRONYMS

AGS	Assistant General Supervisor
ANSI	American National Standards Institute
ASEU	Auxiliary Systems Engineering Unit
ASME	American Society of Mechanical Engineers
BG&E	Baltimore Gas & Electric Company
CCETS	Calvert Cliffs Equipment Tracking System
CCI	Calvert Cliffs Instruction
CCNPP	Calvert Cliffs Nuclear Power Plant
CCNPPD	Calvert Cliffs Nuclear Power Plant Department
CFR	Code of Federal Regulations
CMU	Configuration Management Unit
DES	Design Engineering Section
Dockret	Document Retrieval
E&C	Electrical & Controls
EPRI	Electric Power Research Institute
EPU	Engineering Planning Unit
ETD	Equipment Technical Database
FCR	Facility Change Request
FSTC	Functional Surveillance Test Coordinator
GS	General Supervisor
HPES	Human Performance Enhancement System
INPO	Institute of Nuclear Power Operations
IREP	Interim Reliability Evaluation Report
ISEU	Independent Safety Evaluation Unit
ISI	In-Service Inspection
JUMA	Joint Utility Management Audit
K-T	Kepner-Tregoe
MO	Maintenance Order
MPS	Maintenance Planning System
MR	Maintenance Request
MSU	Management Systems Unit
NCR	Non-Conformance Report
NED	Nuclear Energy Division
NEDCP	Nuclear Energy Division Control Procedure
NESD	Nuclear Engineering Services Department
NIPS	Nuclear Information Planning and Support
NMS	Nuclear Maintenance System
NOMD	Nuclear Outage Management Department
NPP	Nuclear Program Plan
NS&PD	Nuclear Safety & Planning Department
NRC	Nuclear Regulatory Commission
O&M	Operations & Maintenance
OMC	Outage and Maintenance Coordination - Operations and
	Maintenance Coordinator
OPMD	Outage & Project Management Department
OSSRC	Off-Site Safety Review Committee
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LIST OF ACRONYMS (Cont'd)

PES	Plant Engineering Section
PIP	Performance Improvement Plan
PIP-IP	Performance Improvement Plan Implementation Program
PM	Preventive Maintenance
PMT	Post Maintenance Testing
POEAC	Plant Operating Experience Assessment Committee
POSRC	Plant Operations and Safety Review Committee
POU	Procurement Quality Unit
PUP	Procedure Upgrade Program
P&PE	Plant and Project Engineering
QA	Quality Assurance
QAP	Quality Assurance Procedure
QASSD	Quality Assurance and Staff Services Department
QAU	Quality Audits Unit
QC	Quality Control
QCMU	Quality Control Master Unit
RCA	Root Cause Analysis
SER	Significant Event Report
RCM	Reliability Centered Maintenance
SOER	Significant Operating Event Report
SSFI	Safety System Functional Inspection
SSTC	Site Surveillance Test Coordinator
SSTPM	Site Surveillance Test Program Manager
ST	Surveillance Test
STI	Special Team Inspection
STP	Surveillance Test Procedure
VP	Vice President

1.2 PIP Implementation Program, Schedule, Resources and Progress

The schedules for the Action Plans as of February 27, 1990 projected are shown in Appendix A. These schedules were developed based on resource allocation according to Action Plan priority. Since performance improvement is intended to be, and expected to be, a dynamic process, additional program refinements are likely and may result in schedule changes. We will factor these changes into our overall implementation and verification programs as they are identified.

Overall resource requirements for the Action Plans are shown in Appendix B. Specific resource requirements for the development and implementation of individual Action Plans have been estimated and will be further refined as the Implementation Program proceeds.

A summary of progress made on all Action Plans during the previous quarter is shown in Appendix C. This appendix will be updated periodically.

1.3 Special Team Inspection Long-Term Issues

BG&E's June 21, 1989 response to the STI Report stated that certain long-term corrective actions would be addressed in the PIP. We compared NRC's observations of management deficiencies at Calvert Cliffs with the PIP Action Plans. There is agreement between BG&E and NRC as to the nature of many of the management problems. This provides BG&E with added confidence that the PIP Action Plans have a sound basis.

In preparing the PIP Implementation Program, each of the responses to the STI Report was reviewed and PIP long-term commitments were addressed in the Action Plans contained in Sections 2.0 through 5.0. Short-term items from BG&E's Restart Commitments letter dated May 23, 1989 and from BG&E's STI response letters dated June 21, 1989 and July 19,1989 are addressed separately and are not part of the PIP. The Action Plans, as further developed herein, appropriately incorporate STI long-term commitments. Tables 1.2 and 1.3 correlate PIP Implementation Program section numbers to the appropriate longterm commitments related to STI Unresolved Items and Additional Concerns, respectively.

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1.4 PIP Implementation Program Management Controls

Because the PIP Implementation Program is a large-scale, long-term program, a number of management controls have been instituted. To assure that the PIP-IP is consistent BG&E with project management policies (see Action Plan 3.5, Project Management), a formal change control process was implemented on November 8, 1989. The Change Control process requires appropriate management-level approval for any proposed changes to Action Plans which would affect scope, commitments, critical path schedule or resources. This process is documented in the PIP Planning Manual, which was issued to all PIP Action Plan Managers.

A number of methods are used to monitor and control PIP Implementation Program status. These include:

- Bi-weekly Action Plan manager status reports -These are filled in by each Action Plan manager to give progress against milestones. This is summarized for each Action Plan and issued at the Bi-weekly PIP Status meeting.
- Bi-weekly PIP Status meetings These meetings, run by PIP Program Manager include Managers, General Supervisors and Action Plan managers. The meeting agenda is structured to include biweekly Action Plan progress, "heads up" reports on items of common interest, Manager and General Supervisor expectations, and overall program progress. The minutes of these meetings, including progress reports on each Action Plan are issued to the VP-NED and Managers the day after the meeting. Summaries are also issued separately to the Chairman of the Off-Site Safety Review Committee and to the Chairman of NRC's Calvert Cliffs Assessment Panel.
- Daily meeting The PIP Program Manager, or his representative, attends the 8 AM daily plant meeting and discusses current concerns or items of interest as a standard agenda item at the meeting.

A "commitment" is an action statement ("method") contained in the PIP which is accomplished through certain scheduled activities. Completion of the scheduled activities constitutes meeting the "commitment".

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- Two-week "lookaheads" Action Plan managers receive a list of PIP activities and milestones scheduled within the following two weeks and at each bi-weekly PIP status meeting. Milstones-only versions of these reports are distributed weekly at the 8 AM daily plant meeting.
- Management Review Board PIP is a stand. genda item at the regular Management Review Boarc meetings conducted by the VP-NED and Managers.
- 0
- Verification activities These are discussed in detail in Section 6.0, PIP Verification Processes.

	Plans versus koot causes			
PIP Sect	Implementation Program	4/7/89 PIP Action Plan No.	Associated Root Cause Numbers	
SECT	TION 2.0 MANAGEMENT PROCESS IMPR	OVEMENTS		
2.1	Management Overview		1,2,3,4,6,8,9,11	1
2.2	Management Expectations	II.B.3	1,3	
	2.2.1 Performance Standards 2.2.2 Communications Plan	II.B.9 II.B.4	1 3,4	
2.3	NPP Issues-Based Planning	II.B.1	6,9,11	
2.4	Resource Allocation	IV.B.1	11	
2.5	Accountability Improvements	II.B.2	2,8	
	2.5.1 Commitment Tracking	II.B.6	2,8	
	2.5.2 Regulatory Commitment Management Process		2,81	۱
SECT	ION 3.0 ORGANIZATIONAL DYNAMICS	IMPROVEMENTS		
3.1	Organizational Improvements	II.C.3 II.C.4 III.B.6	3,5	
3.2	Managing Organizational and Program Change	IV.B.5	5,6	
3.3	Leadership Conferences	II.B.11	3,5	
3.4	Teamwork and Interfaces	II.B.7	3,5	1
3.5	Project Management	11.c.1	5	
3.6	Daily and Outage Work Control	IV.B.3	3,6,10,11	
	3.6.1 Site Integrated		6,10 ¹	1
	3.6.2 Maintenance Work		6,10 ¹	1
	3.6.3 Operations Improvement Plan		3,6,111	1

Table 1.1 PIP Implementation Program Section and 4/7/89 PIP Action

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Table	1.1	PIP II	mplement	cation	Progra	n Section	and	4/7/89	PIP	Action
		Pians	versus	Root	Causes	(Continued	1)			

PIP Sect	Implementation Program	4/7/89 PIP Action <u>Plan No.</u>	Associated Root Cause Numbers
3.7	Engineering Planning	IV.B.2	6,10
3.8	Systems Circles	11.C.2	3,5
3.9	Quality Circles Program	II.B.8	3,5
SECT	TION 4.0 ASSESSMENT CAPABILITY	IMPROVEMENTS	
4.1	Plant Operating Experience Assessment Committee	111.C.5	8,9
	4.1.1 Operating Experience Review		8,9 ¹
4.2	Quality Control Improvements	111.C.3	8
	4.2.1 Issues Management System		8,10 ¹
4.3	Quality Assurance Internal Assessment	111.C.3	8
4.4	Independent Safety Evaluation Unit	111.C.2	7,8
4.5	Safety Assessment	III.B.3	7
4.6	Root Cause Analysis	III.C.4	7
4.7	Plant Operations and Safety Review Committee	III.B.2	8,9
4.8	Off-Site Safety Review Committee	III.B.1	8,9
4.9	Visiting Other Plants	III.B.7	9
SECT	TION 5.0 ACTIVITY CONTROL IMPRO	VEMENTS	
5.1	Auxiliary Systems Engineering Unit	IV.B.4	11

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PIP Sect	Implementation Program	4/7/89 PIP Action <u>Plan No.</u>	Associated Roo Cause Numbers	t
5.2	Procedure Improvements		1,2,5,8	1
	5.2.1 Procedure Upgrade Program	II.B.10	1,2,5	
	5.2.2 Surveillance Test Program	11.C.5	5	
	5.2.3 Post Maintenance Testing	III.C.7	8	
5.3	Configuration Control Improvements		1,3,4,5,6,7,9,	11
	5.3.1 Procurement Program Project	111.C.6	1,9	
	5.3.2 Equipment Technical Database & Maintenand Planning System	II.B.5 ce	3,5,6	
	5.3.3 Technical Manual Improvements	11.C.6	4,5	
	5.3.4 Design Basis Consolidation	III.B.4	7	
	5.3.5 Records Management/ Document Control		1,5,111	1
	5.3.6 Information Resources Management Project		6,111	
5.4	Technical Capability Improvements		5,7,8	1
	5.4.1 System Engineer Training	III.B.5	5	
	5.4.2 Minor Modification Process Improvements	III.B.6	7	
	5.4.3 Reliability Centered Maintenance (RCM)	III.B.8	8	
SECT	ION 6.0 PIP VERIFICATION PROC	CESSES		
6.1	Implementation Verification Overview		7,8	1
5.2	Management Feedback Verification Overview		8	1
5.3	PIP Effectiveness Verification		8	1
	1-7	Revision :	2 - 4/30/90	

Table 1.1 PIP Implementation Program Section and 4/7/89 PIP Action Plans versus Root Causes (Continued) Table 1.1 PIP Implementation Program Section and 4/7/89 PIP Action Plans versus Root Causes

Notes:

1

Action Plan has been added to the PIP-IP in order to implement additional measures to further address certain root causes identified in the 4/7/89 Performance Improvement Plan.

Table 1.4	Root Causes Addressed by PIP Implement Sections and 4/7/89 PIP Action Plans	ation Program
PIP Imple Section	ementation Program <u>Description</u>	4/7/89 PIP Action Plan No.
ROOT CAUS	SE 1: Insufficient Expectations and Per Standards	formance
2.1	Management Overview	
2.2	Management Expectations	II.B.3
2.2.1	Performance Standards	II.B.9
5.2	Procedure Improvements	3
5.2.1	Procedure Upgrade Program	II.B.10
5.3	Configuration Control Improvements	
5.3.1	Procurement Program Project	III.C.6
5.3.5	Records Management/Document Control	
ROOT CAU	SE 2: Insufficient Accountability	
2.1	Management Overview	
2.5	Accountability Improvements	II.B.2
2.5.1	Commitment Tracking System	II.B.6
2.5.2	Regulatory Commitment Management Process	
5.2	Procedure Improvements	
5.2.1	Procedure Upgrade Program	II.B.10
ROOT CAU	SE 3: Insufficient Vertical and Horizon Communications	ntal
2.1	Management Overview	
2.2	Management Expectations	II.B.3
2.2.2	Communications Plan	II.B.4

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PIP Implementation Program Section & Description		4/7/89 PIP Action Plan No.
3.1	Organizational Improvements	11.C.3 17.C.4 111.B.6
3.3	Leadership Conferences	II.B.11
3.4	Teamwork and Interfaces	II.B.7
3.6	Daily and Outage Work Control	IV.B.3
3.6.3	Operations Improvement Plan	
3.8	System Circles	II.C.2
3.9	Quality Circles Program	II.B.8
5.3	Configuration Control Improvements	
5.3.2	Equipment Technical Database & Maintenance Planning System	II.B.5

Table 1.4 Root Causes Addressed by PIP Implementation Program Sections and 4/7/89 PIP Action Plans

ROOT CAUSE 4: Insufficient Communication of Vision, Direction, and Performance Expectation by Senior Management

2.1	management overview	
2.2.2	Communications Plan	II.B.4
5.3	Configuration Control Improvements	
5.3.3	Technical Manual Improvements	II.C.6

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ROOT CAUSE 5: Insufficient Definition of Interdepartmental Roles, Interfaces, and Responsibilities

3.1	Organizational Improvements	11.C.3 11.C.4
		III.B.6
3.2	Managing Organizational & Program Change	IV.B.5

PIP Impl Section	ementation Program & Description	4/7/89 PIP Action Plan No.
3.3	Leadership Conferences	II.B.11
3.4	Teamwork and Interfaces	II.B.7
3.5	Project Management	II.C.1
3.8	System Circles	II.C.2
3.9	Quality Circles Program	II.B.8
5.2	Procedure Improvements	
5.2.1	Procedure Upgrade Program	II.B.10
5.2.2	Surveillance Test Program	11.C.5
5.3	Configuration Control Improvements	
5.3.2	Equipment Technical Database & Maintenance Planning System	II.B.5
5.3.3	Technical Manual Improvements	II.C.6
5.3.5	Records Mänagement/Document Control	
5.4	Technical Capability Improvements	
5.4.1	System Engineer Training	II.B.5
ROOT CAU	SE 6: Insufficient Planning	
2.1	Management Overview	
2.3	NPP Issues-Based Planning	II.B.1
3.2	Managing Organizational & Program Change	IV.B.5
3.6	Daily and Outage Work Control	IV.B.3
3.6.1	Site Integrated Scheduling	

Table 1.4 Root Causes Addressed by PIP Implementation Program Sections and 4/7/89 PIP Action Plans

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Table 1.4	Root Causes Addressed by PIP Implementation Program Sections and 4/7/89 PIP Action Plans	
		4/7/89
PIP Imples	mentation Program	PIP Action
Section &	Description	Plan No.
3.6.2	Maintenance Work Control	
3.6.3	Operations Improvement Plan	
3.7	Engineering Planning	IV.B.2
5.3.6	Information Resources Management Project	
ROOT CAUS	E 7: Insufficient Depth of Assessment and Analysis	i Root Cause
4.4	Independent Safety Evaluation Unit	III.C.2
4.5	Safety Assessment	III.B.3
4.6	Root Cause Analysis	III.C.4
5.3	Configuration Control Improvements	
5.3.2	Equipment Technical Database & Maintenance Planning System	II.B.5
5.3.4	Design Basis Consolidation	III.B.4
5.4	Technical Capability Improvements	
5.4.2	Minor Modification Process Improvements	III.B.6
6.1	Implementation Verification Overview	
ROOT CAUS	E 8: Insufficient Monitoring, Follow-up,	and Trending
2.1	Management Overview	
2.5	Accountability Improvements	II.B.2
2.5.1	Commitment Tracking System	II.B.6
2.5.2	Regulatory Commitment Management Process	
4.1.1	Operating Experience Review	

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	Sections and 4/7/89 PIP Action Plans	
PIP Impl Section	ementation Program & Description	4/7/89 PIP Action <u>Plan No.</u>
4.2	Quality Control Improvements	III.C.3
4.2.1	Issues Management System	
4.3	Quality Assurance Internal Assessment	III.C.3
4.4	Independent Safety Evaluation Unit	111.C.2
4.7	Plant Operations and Safety Review	III.B.2
4.8	Off-Site Safety Review Committee	III.B.1
5.2	Procedure Improvements	
5.2.3	Post Maintenance Testing	III.C.7
5.4	Technical Capability Improvements	
5.4.3	Reliability Centered Maintenance	III.B.8
6.1	Implementation Verification Overview	
6.2	Management Feedback Verification	
6.3	PIP Effectiveness Verification	
ROOT CAU	SE 9: Insufficient Issue Discovery	
2.1	Management Overview	
2.3	NPP Issues-Based Planning	II.B.1
4.1	Plant Operating Experience Assessment Committee	111.C.5
4.1.1	Operating Experience Review	
4.7	Plant Operations and Safety Review Committee	III.B.2
4.8	Off-Site Safety Review Committee	III.B.1

Table 1.4 Root Causes Addressed by PIP Implementation Program

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Table 1.	A Root Causes Addressed by PIP Implementa Sections and 4/7/89 PIP Action Plans	tion Program
PIP Imple Section	ementation Program & Description	4/7/89 PIP Action <u>Plan No.</u>
4.1	Plant Operating Experience Assessment Committee	111.c.5
4.9	Visiting Other Plants	III.B.7
5.3	Configuration Control Improvements	
5.3.1	Procurement Program Project	III.C.6
ROOT CAUS	SE 10: Insufficient Scheduling and Priori	tization
3.6	Daily and Outage Work Control	IV.B.3
3.6.1	Site Integrated Scheduling	
3.6.2	Maintenance Work Control	
3.7	Engineering Planning	IV.B.2
4.2.1	Issues Management System	
ROOT CAUS	SE 11: Insufficient Resource Allocation	
2.1	Management Overview	
2.3	NPP Issues-Based Planning	II.B.1
2.4	Resource Allocation	IV.B.1
3.6	Daily and Outage Work Control	IV.B.3
3.6.3	Operations Improvement Plan	
5.1	Auxiliary Systems Engineering Unit	IV.B.4
5.3	Configuration Control Improvements	
5.3.5	Records Management/Document Control	
5.3.6	Information Resources Management Project	

2.2 Management Expectations¹

To perform effectively, an organization's employees must know what is expected of them. Even the best employees perform below expectations if those expectations are not clearly understood throughout the employee's organization. Declining performance at Calvert Cliffs was due in part to insufficiently defined and understood management expectations. It was not clear to all employees that a high level of concern for safety and quality was expected, or that industry issues were to be tracked, evaluated, and acted upon. To resolve this situation, the following set of expectations was developed:

SAFETY AND QUALITY ARE MORE IMPORTANT THAN PRODUCTION:

- O MANAGEMENT WANTS PROBLEMS IDENTIFIED
- O A QUESTIONING ATTITUDE IS AN IMPORTANT PART OF SAFETY
- O WKEN IN DOUBT, PROCEED CONSERVATIVELY
- O PROCEDURES AND SAFETY PRACTICES MUST BE FOLLOWED
- O RESOURCES WILL BE PROVIDED TO DO THE JOB RIGHT
- O DO THE JOB RIGHT THE FIRST TIME
- O PAY ATTENTION TO DETAIL

SAFETY AND QUALITY WILL LEAD TO EFFECTIVE PRODUCTION

These expectations have been issued to Calvert Cliffs personnel under the programs described in Section 2.2.2. We will continue to reinforce these management expectations so that they will not be forgotten or misinterpreted.

The following subsections describe the methods of communicating management expectations to Calvert Cliffs personnel.

1

Effectiveness verification (See Section 6.2) of Management Expectations was performed as part of the Management and Quality Assurance Assessment completed (4/27/90); documentation on file.

2-4

Revision 2 - 4/30/90

2.2.1 Performance Standards

In reviewing the list of symptoms and root causes determined during the development of the PIP, it became clear that there were instances in which employees were not sure of what was specifically expected of them by their supervisors. This finding was corroborated by the NRC STI Report.

The purpose of this Action Plan, in conjunction with the Communications Plan (Section 2.2.2), is to develop a performance management process which uses performance standard, appraisal skills and communication skills to improve the understanding of job expectations between supervisors and their employees.

Training (onsite or offsite) will be available to all Supervisors, and communication effectiveness will be an element of their periodic performance appraisals.

OUTCOMES / RESULTS

The results to be achieved under this Action Plan include:

- Developing a pilot program on site to write performance standards for employees of selected Sections/Units. Initially, the Operations, Chemistry, and Planning and Support Sections will participate. The value of the pilot program will be assessed for possible expansion to other sections and units.
- Training selected supervisors in Performance Management techniques.
- Reaching a shared understanding between supervisor and employee of job expectations.

METHODS

The methods for performing this Action Plan are:

- 1. Provide Supervisory Training Courses.
- Conduct an onsite pilot performance standard workshop designed for a particular Section/Unit based on General Supervisor/Supervisor request.
- 3. Use performance standards for future appraisal period.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

2-5 Revision 2 - 4/30/90

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

 Determine need for performance standards - each GS and Supervisor. -

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- Schedule Supervisor Training Course Supervisor, Training Support Unit.
- Schedule workshops Supervisor, Management Systems Unit.

VERIFICATION

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Implementation verification:

- Verify selected supervisors receive Performance Management Training.
- Verify that participating supervisors develop Performance Standards for their Sections/Units.

Feedback verification:

- Verify program effectiveness by increased accountability of worker actions.
- Verify program effectiveness through the Employee Opinion Survey and other surveys which will indicate if detailed job expectations are effectively communicated to employees.

Effectiveness verification:

5. Effectiveness of processes to assure that management expectations are understood and implemented will be assessed as part of the Management and Quality Assurance Assessment described in Section 6.3.

Completed (4/27/90); documentation on file.

2-6 Revision 2 - 4/30/90

surveys, and random sampling of plant employees concerning communications effectiveness.

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Effectiveness verification:

3. Effectiveness of processes to assure that management expectations are understood and implemented. This will be assessed as part of the Management and Quality Assurance Assessment described in Section 6.3.

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Completed (4/27/90); documentation on file.

Revision 2 - 4/30/90

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

 Overall responsibility - Supervisor, Management Systems Unit

VERIFICATION

1

Implementation verification:

- Verify existence of appropriate procedures for the NED Planning Process.
- 2. Verify existence of NED Planning Calendar.
- Verify existence of procedure for reconciliation of Performance Objectives.

Feedback verification:

- Assessment of effectiveness of the NED planning improvements will be performed as part of the NED Planning Conference and the Issues-Based Planning Process.
- Verification of achievement of performance objectives is included in the performance appraisal for each affected Calvert Cliffs employee.

Effectiveness verification:

 Effectiveness of processes to implement performance objectives will be assessed as part of the Management and Quality Assurance Assessment described in Section 6.3.

Completed (4/27/90); documentation on file.

2-13 Revision 2 - 4/30/90

2.4 Resource Allocation¹

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BG&E is committed to providing the funding and staffing required to attain the required level of performance for Calvert Cliffs. The recent appointment of our Vice Chairman of the Board, whose primary responsibility is Calvert Cliffs, underscores our corporate commitment to the restoration of outstanding performance and our determination to ensure that this goal is ingrained in the entire nuclear organization. To achieve Corporate, Divisional, and Departmental goals, the available resources must be allocated appropriately. Resource allocation is identification and prioritization of issues that must be addressed and activities that must be performed. The tools that are being used to perform the identification and prioritization process are incorporated in the Issues-Based Planning process, the NPP, and the Work Management Committee, as discussed below.

The Issues-Based Planning process defines the Nuclear Energy Division's goals, and the budget and staffing levels for the subsequent year, which are incorporated into the Utility Business Plan. The NPP provides input to the Corporate Planning process and determines the issues and activities to be addressed for Calvert Cliffs and their priority.

During the planning process, the Department Managers recommend their budgets and staffing based on the issues and activities identified in the interactive planning process. Other non-NED departments which support Calvert Cliffs (e.g., Fossil Engineering Services, Facilities Management, Purchasing and Materials Management, Employee Services, Staff Services, Communications & Public Affairs, Transportation, and Information Systems) are included in this planning process. The Vice President, Nuclear Energy Division, subsequently approves budgets and staffing levels for the Division.

The identification and prioritization of issues is an ongoing effort that is being assimilated into our way of doing business at Calvert Cliffs. Higher level issues are identified during the Spring Planning Conference. These are formalized in the NPP. Likewise, applicable industry issues are identified, evaluated, and incorporated into the budget and staffing process. The Work Management Committee is charged with evaluating proposed projects in response to issues so that they can be prioritized and incorporated into budget allocations and manpower projections.

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Effectiveness verification (See Section 6.3) of Resource Allocation was performed as part of the Management and Quality Assurance Assessment completed (4/27/90); documentation on file.

2-14 Revision 2 - 4/30/90

2.5 Accountability Improvements¹,²

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Performance objectives are used to strengthen accountability of NED personnel for achieving assigned NPP Goals and related activities. The Performance Objective Accountability (PCA) process will be used by Calvert Cliffs managers to evaluate implementation of performance objectives. Performance objectives for each Department are generated as part of the interactive development of each year's NPP. Upon approval of the NPP, the General Supervisors (GSs) within each Department will generate Performance objectives for their Sections. All of these performance objectives will be entered into POA by the Management Systems Unit. The POA database will allow Managers and GSs to keep track of performance objectives assigned to their groups and determine if the objectives are being met. The performance objectives generated by the GSs will be approved by their respective Manager who will verify that the implementation of the GS's performance objectives will lead to meeting the Department objectives. A similar process is used to assign performance objectives to Assistant General Supervisors through the Work Leader level. This process allows Managers and Supervisors to look across Departmental lines to verify performance on multidepartmental activities. Performance Objectives which cannot be completed during the current year will normally be evaluated for inclusion in the following year as part of the Issues-Based Planning Process.

The responsibilities for implementation of performance objectives are as follows:

- The Vice President, Nuclear Energy Division, is responsible for the implementation of performance objectives that specifically meet the Goals of the NPP.
- The Managers, Nuclear Energy Division, are responsible for defining specific performance objectives for their departments.
- Implementation verification (See Section 6.1) of Accountability Improvements completed (4/13/90); documentation on file
- 2 Effectiveness verification (See Section 6.3) of Accountability Improvements completed (4/27/90); documentation on file

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All levels of supervision and leadership within the Nuclear Energy Division are responsible for the successful completion of their specific performance objectives and are held accountable to the Managers and Vice President of the Nuclear Energy Division. 01-20

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The Supervisor, Management Systems Unit is responsible for issuing a quarterly report that relates the progress on long-term performance objectives and lists those performance objectives due during the coming quarter to allow the Managers and GSs to determine if appropriate action is being taken.

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Development of the Commitment Tracking System commenced with a project definition phase which confirmed the functional requirements of the system. During this phase, members of the target group were interviewed as well as the owners of existing tracking systems. It was determined that the representatives of the commitment sources will be responsible for providing all data except for the responses generated by the General Supervisors. The system development phase produced a working prototype of the system, operating procedures, training for appropriate personnel and installation of hardware.

As a result of feedback received during the system development phase and senior management's endorsement of the prototype, the site-wide implementation phase began in January 1990.

OUTCOME/RESULTS

The results to be achieved under this Action Plan include:

- A computerized tracking system that provides site-wide commitment tracking and closure.
- Guidance documentation on the use of the tracking system and data entry.
- Performance Objectives regarding commitment management responsibilities.

METHODS

The methods for performing this Action Plan are:

- Define the scope and basic functions that a Site/ Department Commitment Tracking system must support to be effective at Calvert Cliffs.
- Develop and implement a prototype system (including guidance documentation) that supports Commitment Management requirements.
- 3. Establish User Accountability.
- Debug the prototype tracking system and incorporate user friendly features.
- 5. Expand the pilot program to site-wide use.

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2.5.2 Regulatory Commitment Management Process

In order to strengthen BG&E's ability to identify, implement and maintain the regulatory commitments for Calvert Cliffs Nuclear Power Plant, this Action Plan will establish a formal process for managing regulatory commitments. This process will control how regulatory commitments are made or identified, assigned, tracked, documented, revised, closed and maintained. This Action Plan will develop appropriate policies, procedures, administrative controls, and training. Management expectations and organizational responsibility and authority for managing commitments will be established. This Action Plan will specifically address maintenance of longterm and on-going commitments.

The Action Plan will consolidate and organize our regulatory correspondence to allow ready retrieval of commitment source documents and facilitate research of regulatory topics. In addition, the Action Plan will catalog the regulatory commitments that BG&E has made in the past. This catalog must be readily available and referenced during plant modifications, procedure revisions, training development, outage planning, and myriad other tasks which are used to implement or maintain commitments. In conjunction with Action Plan 5.3.6, "Information Resources Management Project", this Action Plan will coordinate with the NIPS Unit to place the commitment catalog on the appropriate computer platform to facilitate site-wide access.

The Action Plan will review our regulatory commitments and take appropriate actions to assure compliance with open commitments.

The Action Plan will support related improvement activities such as Action Plans 2.5.1, "Commitment Tracking System", 5.2.1, "Procedure Upgrade Program", and 5.3.4, "Design Basis Consolidation", and other initiatives such as life cycle management, FSAR upgrade, and others that may be identified.

OUTCOME/RESULTS

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The results to be achieved under this Action Plan include:

- Establishment of a regulatory commitment management process including policies, procedures, administrative controls, and training.
- Reconciliation with commitment information maintained in the site-wide Commitment Tracking System.

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- Creation of a database containing Calvert Cliffs' regulatory commitments.
- Review of Calvert Cliffs' regulatory commitments and incorporation of pertinent information into the commitment database.

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METHODS

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The methods for performing this Action Plan are:

- 1. Define administrative process scope
- 2. Create procedures and functional specifications
- 3. Implement process
- 4. Obtain regulatory commitment source documents
- 5. Complete a database of regulatory commitments
- 6. Review regulatory commitments and take appropriate actions to assure compliance with open commitments

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

 Project Manager - Regulatory Commitment 'anagement Project, Nuclear Regulatory Matters Section

VERIFICAT

Implementation Verification

 Verify that a regulatory commitment management process with appropriate policies, procedures, administrative controls, and training has been established.

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- Verify that a database containing Calvert Cliffs' regulatory commitments has been created and is available to those individuals identified as requiring access to the data.
- Verify that a review of Calvert Cliffs' regulatory commitments has been performed and actions were taken to assure compliance with open regulatory commitments.
- Verify that reconciliation with Action Plan 2.5.1, Commitment Tracking System, has occurred.

Feedback Verification

- Verify that an administrative process capable of managing Calvert Cliffs' regulatory commitments has been established.
- Verify that the electronic document retrieval system meets the needs of the Project.
- Verify that the needs of the identified Action Plans and Projects have been addressed.
- Verify that Calvert Cliffs regulatory commitments have been identified, catalogued and reviewed in a consistent manner.

Effectiveness Verification

9. Effectiveness of end-user applications referencing the basis information collected under this Action Plan will be evaluated as part of the assessments performed of the affected individual Action Plans. The effectiveness of this Action Plan (scope of actions addressed, change management measures included) will be assessed as part of the Self-Assessment and Events Analysis Assessment.

3.0 ORGANIZATIONAL DYNAMICS IMPROVEMENTS

3.1 Organizational Improvements

To improve the interface between the Maintenance and Operations Sections, the two organizations were consolidated, along with the Chemistry Section, into a single Department under a single Manager in September 1988. This reorganization emphasizes the concept that maintenance is a "customer service" organization supporting the needs of operations. Subsequently, maintenance scheduling was assigned to operations to facilitate prioritization of maintenance efforts. In addition, the number of maintenance planners, instrument and electrical technicians and mechanics was increased to cope with the increased volume of maintenance. Also, a new position of Maintenance Superintendent was created to oversee all maintenance efforts. The two Maintenance General Supervisors report to the Superintendent.

Because the System Engineers' primary customers, Operations and Maintenance, were located within the protected area, the System Engineers were relocated to within the protected area in June 1989. This change allows them to have greater interaction with operations and maintenance personnel and affords them ready access to the systems which they oversee.

In early 1988, the System Engineer job description was expanded to better define the System Engineer's job and its relationship to other plant organizational units. Additionally, the job description detailed what the System Engineers can expect from other plant organizational units, and what the latter can expect of the System Engineers. The job description was developed collaboratively with the operations and maintenance organizations. All System Engineers receive training to fulfill the requirements of the job description.

On September 1, 1989 a Nuclear Outage Management Department (NOMD) was formed to improve outage support planning, resource allocation, schedule quality and schedule accountability. The effects of this and related changes are discussed in more detail in Section 3.6. On April 1, 1990 NOMD was reorganized and renamed Outage & Project Management Department (OPMD) to reflect assuming responsibility for several major projects. The objects of this restructuring were to devote a higher level of attention to outage management, to give greater visibility and priority to the management of large projects, and to create a more integrated scheduling system for NED. OPMD consists of an Outage Management Unit, the Procedures Upgrade Project Unit, the Diesel Generator Project Unit, the Spent Fuel Storage Project Unit, and the Scheduling Section.

To emphasize a commitment to nuclear safety, the creation of the Nuclear Safety & Planning Department (NS&PD) was announced effective February 1, 1990. The purpose of this Department is to provide direct staff support to the Vice President of Nuclear Energy in managing major corporate nuclear safety initiatives. Responsibilities of the NS&PD include: the Performance Improvement Plan, the Nuclear Program Plan, the Independent Safety Evaluation Unit, a newly-established Nuclear Regulatory Matters Section, and Manager level representation on nuclear industry organizations. The Manager of Nuclear Safety & Planning also will lead a comprehensive study of the nuclear organization to determine the appropriate structure to meet the demands of the 1990's. Using internal and external consultants to monitor and to coach those in leadership positions in implementing these important changes.

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The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

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RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

o Supervisor, Management Systems Unit.

VERIFICATION

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Implementation Verification:

1. Verify that the training program is in place.

Feedback Verification:

 Use the Employee Opinion Survey, management feedback and informal surveys to confirm whether the desired changes were implemented effectively.

Effectiveness verification:

3. Effectiveness of managing organizational and program change at Calvert Cliffs will be assessed as part of the Management and Quality Assurance Assessment described in Section 6.3.

Completed (4/27/90); documentation on file.

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RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

Supervisor, Management Systems Unit 0

VERIFICATION

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This PIP Action Plan is intentionally flexible to allow the leadership conferences to address changing needs. Implementation of this action plan is under way, with the first and second Leadership Conferences having been held on June 26, 1989 and July 20, 1989, respectively.

Implementation verification¹:

Determining that the near-term Leadership Conferences 1. are scheduled and attended by key personnel.

Feedback verification:

- 2. Performance assessment will be used to verify accountability of personnel in leadership positions.
- 3. Use input from the various Quality Circle groups to assess the level of leadership being provided to Quality Circles (See Section 3.9).
- Assess leadership skills exhibited by management and 4. supervision via the Employee Opinion Survey.
- Managers' and supervisors' perceptions that leadership 5. skills have indeed improved.

Effectiveness verification:

6. Effectiveness of leadership at Calvert Cliffs will be assessed as part of the Management and Quality Assurance Assessment² described in Section 6.3.

Completed (2/22/90); documentation on file Completed (4/27/90); documentation on file

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3.4 Teamwork and Interfaces

The purpose of this Action Plan is to provide line management with the appropriate knowledge, techniques and assistance necessary to focus on processes and identified problems.

OUTCOME/RESULTS

- o Improved environment for teamwork.
- Improved definition of interfaces and understanding of multi-group work processes.
- Improved ability to resolve real-world process problems.

METHODS

- 1. Resolve disposition of this Action Plan based on output received from the Spring Planning Conference.
- Develop a schedule of team building activities compiled from industry survey, INPO, and plant visit inputs. Implement scheduled activities.
- Identify team building techniques applicable to supervisory personnel and incorporate them into their professional enrichment training.
- 4. Provide inhouse Rummler-Brache analytical capability (facilitated by MSU) as an inhouse service which may be applied to define interfaces in specific problem areas. This is to be achieved through:
 - Development of a Rummler-Brache awareness at the General Supervisor level through training.
 - Provision of Passive Rummler-Brache support where MSU is "on call" to requesting parties for Rummler-Brache analysis.
 - Provision of Process Management Support recommendations to management where MSU systematically monitors and identifies areas in need of Rummler-Brache analysis.

The schedule for this Action Plan as presented in Appendix A, is being revised to reflect the changes made in this revision.

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Revision 2 - 4/30/90

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RESOURCES

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The resources for this Action Plan are being revised to reflect the changes shown in PIP-IP Revision 2.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

Supervisor, Management Systems Unit

VERIFICATION

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Implementation verification:

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 Verify inhouse Rummler-Brache expertise or other appropriate processes are being applied by Management to resolve identified problems.

Management Feedback:

 Utilize weekly job observations to confirm that problems are being resolved through appropriate use of process analysis techniques.

Effectiveness verification:

4. Effectiveness of Teamwork and Interfaces will be assessed as part of the Management and Quality Assurance Assessment, Design and Implementation (FCR) Assessment, and the Maintenance/Operations Interfaces and Support Assessment described in Section 6.3.

Completed (4/27/90); documentation on file

3-7

3.5 Project Management

To strengthen the management of projects at Calvert Cliffs, a comprehensive Project Management Manual was established in 1988. Project Managers and the Tasks Managers reporting to them, received formal training at that time, and copies of the Project Management Manual were formally issued to key personnel. The STI report stated that the Project Management Manual does not provide a readily understandable definition of functional responsibility and accountability at Calvert Cliffs.

As part of the evolution of the Project Management Policy, the description of responsibilities and accountabilities will be enhanced in a revision to the Nuclear Energy Division Project Management Manual. Project Managers and Task Managers will receive further training in this area. In this context, Action Plan Managers are project managers and will be subject to the requirements of the Project Management Manual. In addition, senior personnel in the Nuclear Energy Division will attend workshops on Project Management. These workshops will provide hands-on examples of management of projects in accordance with the Project Management Manual. This training will impart a better understanding of accountability and roles in the various organization structures used at Calvert Cliffs to personnel who are responsible for performance of the work.

OUTCOME/RESULTS

The results to be achieved under this Action Plan include:

- o Understanding of the Project Management process.
- Application of project management skills to assigned projects.

METHODS

The methods for performing this Action Plan are:

- 1. Develop material for Project Management training.
- 2. Conduct training sessions.
- 3. Use a generic Facility Change Request (FCR) as a test case to validate the project management process.
- Issue a new edition of the Project Management Manual which includes a policy section.

 Issue a new edition of the Project Management Manual which includes a procedures section.

The schedule for this Action Plan is presented in Appendix A, FIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The overall responsibility for this Action Plan is assigned to the Supervisor, Project Management Unit.

VERIFICATION

Implementation verification:

- Verify that Project Management Manual has been revised and appropriate issues from STI report have been addressed.
- Audit Project Management workshops training materials content and attendance records to assure appropriate personnel have received required training.

Feedback verification:

- 3. Performance objectives will be developed for designated Project Managers to require compliance with the Project Management Manual on their projects.
- Project critiques will focus on, among other things, the effectiveness of the Project Manager's use of management systems, the work relationships among project team members and overall results achieved.

Effectiveness verification:

5. Effectiveness of Project Management will be evaluated as part of the Management and Quality Assurance Assessment¹ and the Design and Implementation (FCR) Assessment as described in Section 6.3.

1 Completed (4/27/90); documentation on file

Revision 2 - 4/30/90

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3.6 Daily and Outage Work Control¹

Since the creation of Action Plan 3.6 (PIP IV.B.3), Daily and Outage Work Control, a number of factors have indicated the need to expand and reshape the plan to better support our organizational objectives.

On September 1, 1989 the Nuclear Outage Management Department (renamed Outage and Project Management Department, OPMD, on April 1, 1990) was formed to improve outage support planning, resource allocation, schedule quality and schedule accountability. In November, this department was expanded to include the existing Engineering Planning Unit and specific major projects. The department's scheduling responsibilities were also expanded to include projects outside of those directly supporting outages, with development of Site Integrated Scheduling intended as the ultimate goal.

At the same time, the operations/maintenance coordination function and safety tagging function were reorganized, resulting in a split of the responsibilities originally consolidated under Action Plan 3.6.

Finally, following an internal assessment of our maintenance program conducted during the Summer of 1989, a plan was developed to address specific areas for maintenance improvement.

To accommodate the above developments, PIP Action Plan 3.6 was reconfigured into three separate Action Plans. These are:

3.6.1 - Site Integrated Scheduling 3.6.2 - Maintenance Work Control 3.6.3 - Operations Improvement Plan

All commitments originally in 3.6 have been reassigned among the three new plans, and several new commitments have been added.

OPMD has responsibility for Action Plan 3.6.1, whereas Calvert Cliffs Nuclear Power Plant Department (CCNPPD) has retain responsibility for Action Plans 3.6.2 and 3.6.3.

1

Effectiveness verification (See Section 6.3) of Daily and Outage Work Control was performed as part of the Management and Quality Assurance Assessment completed 4/27/90; documentation on file Section 6.3.

 Broaden the scope of EPU planning and scheduling responsibilities to FCRs, NCRs, P&PE work lists, other NESD activities.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to the General Supervisor, Plant Engineering.

VERIFICATION

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Implementation verification¹:

- Assess schedules for adequacy, accuracy and completeness.
- Verify that newly-committed tasks and FCRs are being incorporated into the scheduling database.
- Verify that task status is being tracked and maintained for all appropriate plant activities and groups.

Feedback verification:

4. Use trending of FCRs against the schedule success report parameters as a long-term method to determine if adverse performance trends are occurring, to assist in root-cause analysis of adverse performance trends, and to evaluate overall program effectiveness.

Effectiveness verification:

- 5. Effectiveness of Engineering Planning will be assessed as part of the Management and Quality Assurance Assessment², the Design and Implementation (FCR) Assessment, and the Maintenance/Operations Interfaces and Support Assessment as described in Section 6.3.
- 1 Completed (3/23/90); documentation on file Completed (4/27/90); documentation on file

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- Increasing system knowledge by all participants.
- Improving planning through feedback of system circle members to their planners.

METHODS

22

The methods for performing this Action Plan are:

- Fully staff system engineering units and assign systemresponsible engineers.
- Fully staff E & C, Mechanical Maintenance, and Operations Units and assign designated system experts.
- 3. Establish dates for System Circle meetings.
- Develop generic guidelines for System Engineers to use when preparing for/conducting circle meetings.
- 5. Hold scheduled meetings and issue meeting minutes to appropriate distribution.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

- o General Supervisor, Plant Engineering
- Maintenance Superintendent, CCNPPD
- o General Supervisor, Nuclear Operations

VERIFICATION

1

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Implementation verification¹:

 Verify that System Circle meetings are conducted as scheduled.

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Completed (4/6/90); documentation on file

4.1.1 Operating Experience Review

This Action Plan represents an expansion of the activities defined in Section 4.1, Plant Operating Experience Assessment Committee (POEAC). It addresses the Independent Safety Evaluation Unit's (See Section 4.4) current role in the review of operating experience and includes recommendations identified during the February 16, 1990 INPO plant visit. The Action Plan is structured to conform with the current industry guidelines which subdivide Operating Experience Review into the areas of industry review and inhouse review.

The overall purpose of this action plan is to improve plant operational safety by taking advantage of previous nuclear industry operating experience.

OUTCOME/RESULTS

- Improved plant operational safety.
- Implementation of a defined process for resolution of issues arising from the assessment of industry and inhouse operating experience.
- Prevention of events which are known to have occurred at CCNPP or within the industry.

METHODS

- 1. Upgrade industry assessment capabilities.
- Establish interfaces with inhouse assessment capabilities.

-see Section 4.4, Independent Safety Evaluation Unit

- Establish auditable Significant Operating Experience Report (SOER) and Significant Event Report (SER) records.
- Redefine POEAC responsibilities and interfaces with other groups.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

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RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

Responsibility for this Action Plan is assigned to:

- Supervisor, Independent Safety Evaluation Unit

VERIFICATION

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Implementation Verification:

- 1. Verify upgraded industry assessment capabilities.
- Verify adequate interfacing with inhouse assessment capabilities.
- Verify establishment of auditable SOER/SER records.
- 4. Verify redefinition of POEAC responsibilities.

Feedback Verification:

- Evaluate the successful Operating Experience Review function through appraisals performed by the Supervisor, ISEU.
- Evaluate improved safety performance by analysis of INPO evaluation results.
- Monitor the number of plant events and the number of repeat events which occur each year.

Effectiveness Verification:

 The effectiveness of the Operating Experience Review Action Plan will be evaluated as part of the Self-Assessment and Events Analysis Assessment as described in Section 6.3.

4-1b

VERIFICATION

Implementation verification:

 Assessment of the critical characteristics pilot program, and other QC activities.

Feedback verification:

2. Analysis of NCR trends.

Effectiveness verification:

3. QC effectiveness will be verified by the Management and Quality Assurance Assessment, the Self-Assessment and Events Analysis Assessment, the Design and Implementation (FCR) Assessment, and the Maintenance/ Operations Interfaces and Support Assessment as described in Section 6.3.

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işe S Completed (4/27/90); documentation on file

4.2.1 Issues Management System

This Action Plan creates a comprehensive Issues Management System (7MS). The system assures uniform capture, analysis and prioritization of issues and provides a mechanism for promptly identifying and elevating significant issues to the appropriate level of management. It also selects and initiates appropriate corrective action and reporting systems for each issue and it maintains and provides current status of all open issues.

The IMS is intended to provide centralized, coordinated management for multiple issue management systems that have previously functioned independently. The IMS relies on several other action plans to provide key supporting functions, such as commitment tracking, task scheduling, etc.

OUTCOME/RESULTS

- A coordinated process for managing issues including identification, documentation, correction, tracking, and closure.
- Establishment of issue management interfaces with existing processes (e.g., commitment tracking, site integrated scheduling, issues-based planning).
- Supporting administrative controls and procedures for the issues management process.

METHODS

- Describe the present issues management process including definition of an "issue", identification of the issues management systems and corrective action systems presently in use, and definition of their inputs, outputs, and management interfaces.
- Develop a conceptual flowchart (blueprint) for the Issues Management System. This includes models for the four major processes within the Issues Management System; an issue capture process, an issue analysis process, an issue resolution and reporting process, and an issue status monitoring process.
- 3. Develop the details of the Issue Capture Process including a single method for capturing issues and development of a strategy for implementation.

4-4a Revision 2 - 4/30/90

- 4. Develop the details of the Issue Analysis Process including formulation of criteria for the analysis of issues, the selection of corrective action processes, the prioritization of issues, the selection of reporting mechanism and trending, and the criteria for progressive levels of management notification. Develop an implementation strategy.
- Develop the details for the Issue Status Monitoring Process including formulation of criteria for monitoring issues, and progressive levels of management feedback, Develop a implementation strategy.
- Develop the details for the Issue Resolution and Reporting Process including initiation of corrective action processes, initiation of reporting, and issue closure (from IMS) criteria. Develop and implementation strategy.
- 7. Transition to full use of the Issues Management System by initiating implementation strategies described above. Identify and eliminate duplicative steps, identify and develop the procedure changes, verify and validate the transition.
- Provide change management support to facilitate the transition including staff training and use of facilitators.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

5

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

Responsibility for this Action Plan is assigned to:

 Assistant General Supervisor, Quality Control Master Unit

VERIFICATION

Implementation verification:

- Verify that an assessment has been made to describe the pre-IMS issues management system.
- Verify that a conceptual flowchart of the IMS has been developed and identifies the major processes: e.g. issue capture, analysis, resolution and reporting, and status monitoring.
- Verify that the details of the major issue management process components have been developed.
- Verify that a transition strategy has been developed and implemented. Verify that transition supporting procedure modifications have been developed and issued.

Feedback verification:

- 5. Provide feedback on the effectiveness of the change management techniques during transition to the IMS.
- Qualitatively evaluate the Issues Management System effectiveness as part of the 1991 Spring and Summer Planning Conferences.

Effectiveness verification:

5. The effectiveness of the Issues Management System Action Plan will be evaluated as part of the Self-Assessment and Events Analysis Assessment, the Design and Implementation (FCR) Assessment, and the Maintenance/Operations Interfaces and Support Assessment as described in Section 6.3.

Feedback verification:

 Quality Audits Unit (QAU) performs monthly trending of number of open findings, average time open, number of late findings, and number of new findings. This is reviewed periodically by OSSRC. 0

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 QAU records attendance by Supervisors and General Supervisors at pre- and post-audit meetings. Attendance trends are reviewed periodically by VP-NED, Managers, and OSSRC.

Effectiveness verification:

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 QA effectiveness will be verified by the Management and Quality Assurance Assessment and the Self Assessment and Events Analysis Assessment described in Section 6.3.

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METHODS

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The methods for performing this Action Plan are:

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- o Staff and train the ISEU in Root Cause Analysis.
- Apply root cause analysis methods to the corrective action systems including NCRs.
- Establish and staff the HPES Coordinator function. Implement HPES program.
- Provide input to the NPP through the Issues-Based Planning process.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

- o Supervisor, Independent Safety Evaluation Unit
- Establishment of long-term manning rotation Division Management

VERIFICATION

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Implementation verification:

- Audit adequacy of ISEU staffing levels, qualifications, and training.
- 2. Verify ISEU input to Issues-Based Planning process.

Feedback verification:

 ISEU efforts will be evaluated through managerial observation by the Manager, Nuclear Safety and Planning Department.

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RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

- Overall responsibility Chairman, OSSRC
- Training responsibility General Supervisor, Nuclear Training.

VERIFICATION

Implementation verification1:

 Verify the completion and implementation of the OSSRC "presenter's guide."

Feedback verification:

 The Chairman, OSSRC will solicit periodic feedback from the VP-NED on OSSRC effectiveness.

Effectiveness verification:

 Effectiveness of the OSSRC will be evaluated through the Management and Quality Assurance Assessment² and the Self-Assessment and Events Analysis Assessment as described in Section 6.3.

Completed (2/5/90); documentation on file Completed (4/27/90); documentation on file

5.0 ACTIVITY CONTROL IMPROVEMENTS

5.1 Auxiliary Syst as Engineering Unit

In February 1988, the Auxiliary Systems Engineering Unit was created to provide support to maintenance and operations. The Auxiliary Systems Engineers provide expartise related to equipment common to many systems (for example, centrifugal pumps and motor operated valves). The Auxiliary Systems Engineering Unit (ASEU) consists of one group of System Engineers and two groups of Component Engineers.

When the System Engineers identify a component problem, the Component Engineers assume the responsibility to coordinate the resolution of the problem using their in-depth component expertise. Vendor assistance will be used on an as-needed basis. The Component Engineers direct the maintenance and testing required to resolve the component problems, and act as a repository for information that will be helpful in resolving future component problems.

5.2 Procedural Juprovements

Several Action Plans have significant impact on generation and use of procedures at Calvert Cliffs. These include the Procedure Upgrade Program, Surveillance Test Procedures, and Post Maintenance Testing. These are discussed below.

5.2.1 Procedure Upgrade Program

A key to maintaining desired levels of safety and quality at Calvert Cliffs is the preparation and implementation of appropriately detailed, consistent, accurate procedures. Significant problems have been recognized with the consistency and adequacy of Calvert Cliffs procedures. To resolve these deficiencies, BG&E initiated the Procedures Upgrade Project in February 1989 to improve the usability of procedures and to provide training on procedures.

Essential elements of the Action Plan for Procedure Upgrade are:

- An evaluation of the Procedures Upgrade Project (PUP) was initiated in February 1989. This effort has resulted in a significant increase both in the scope of the PUP and in BG&E's understanding of the issues.
- Continuation of the technical procedure upgrade work started in February 1989.
- Implementation Verification (See Section 6.1) of Auxiliary Systems Engineering Unit completed (4/6/90); documentation on file.

- Planning and establishing more effective controls on the procedure upgrade process.
- Establishing realistic priorities, allocating resources, and establishing appropriate schedules.
- Integrating procedure upgrade activities with other
 Action Plans including Safety Assessment (Section 4.5),
 Surveillance Test Program (Section 5.2.2), and
 Procurement Program Project (Section 5.3.1).
- Establishing an organization to provide increased procedure process controls, project management controls, procedure upgrade standards, and procedure tracking methods.
- Transition of current procedure upgrade into this Action Plan.

OUTCOME/RESULTS

The results to be achieved under this Action Plan are:

- Improved quality of CCNPP procedures.
- Centralized management of the procedures upgrade process.
- Standard site-wide procedure preparation process.
- A Qualified review Program. Procedure writers and reviewers trained to the new procedure preparation standards.
- A revised review and approval process.

METHODS

The methods for performing this Action Plan are:

- 1. Establish a single integrated procedural hierarchy.
- Develop and implement site-wide administrative and technical procedure writer's guides.
- Upgrade administrative and technical procedures for accuracy and functional adequacy.
- 4. Incorporate human factors consideration into procedures.

- Develop and maintain databases for progress, expenditure, and procedure tracking.
- Implementation of a training process for writers, reviewers and users.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

o Project Manager, Procedure Upgrade Project

VERIFICATION

Implementation verification:

- Verify that acceptable Writer's Guide and procedure preparation standards have been prepared.
- Verify that the revised review and approval process has been implemented.
- Verify training of procedure preparers and reviewers has been completed.
- 4. Verify appropriateness of procedure upgrade schedule.

Feedback verification:

 Supervisor observation and feedback from workers on progress of procedure upgrade.

Effectiveness verification:

6. The effectiveness of the Procedure Upgrade Project will be evaluated through the Self-Analysis and Events Analysis Assessment, the Design and Implementation (FCR) Assessment, and the Maintenance/Operations and Support Assessment as described in Section 6.3. Because this is a long-term effort, ultimate effectiveness of the Program will be assessed by Quality Assurance assessments that include effectiveness evaluation concepts.

- Verify ST preparation and control procedures have been prepared and revised.
- Verify that an appropriate ST procedure schedule has been prepared and is being implemented.
- Verify the development of scheduling and data trending programs.
- 5. Verify the development of new consistent data reports.
- Verify training of appropriate personnel in the new ST control and preparation procedures.

Feedback verification:

 Verify the consistent application and use of the new procedures.

Effectiveness verification:

8. The effectiveness of the Surveillance Test Program Improvements will be evaluated by the Management and Quality Assurance Assessment, the Self-Assessment and Events Analysis Assessment, and the Maintenance/ Operations Interfaces and Support Assessment described in Section 6.3.

Completed (4/27/90); documentation on file

5.3 Configuration Control Improvements

Several Action Plans have significant impact on configuration control activities at Calvert Cliffs. These include the Procurement Program Project, Equipment Technical Database & Maintenance Planning System, Technical Manual Improvements, Design Basis Consolidation, and Records Management/Document Control, and the Information Resources Management Project. These are discussed below

5.3.1 Procurement Program Project

The goals of the Procurement Program Project are: (1) to develop an integrated procurement program that provides items acceptable for nuclear safety related use in accordance with established regulatory requirements and industry standards and (2) to upgrade the effectiveness of the procurement process.

In recognition of procurement program deficiencies identified by the NRC at other nuclear plants in the mid-to-late 1980s and the development of the EPRI Guideline NP-5652, "Guideline for the Utilization of Commercial Grade Items in Nuclear Safety Related Applications (NCIG-07)," BG&E established a Procurement Task Force. The Procurement Task Force charter was to evaluate current regulatory interpretations, the results of internal audits, and the recommendations of an assessment conducted by industry experts. The Procurement Task Force evaluation led to the establishment of a full-time Procurement Program Project Team to develop and implement an action plan.

The Project Team has identified nine results for the Procurement Program Project. Four of these results, shown below, are marked by an asterisk (*), and are to meet the intent of NCIG-07 guidelines. The remaining results are designed to improve effectiveness of the procurement process.

To reach the desired results, the Procurement Program Project has assigned Task Managers for each result. Each result has corresponding tasks and sub-tasks to facilitate identifying resources and scheduling.

To achieve the third result, a task calls for the development of a new Calvert Cliffs Instruction (CCI). This CCI will describe the generic safety related and non-safety related procurement process starting with the identified need for an item to its final issuance from the storeroom. The CCI will be the controlling document for which the specific procelures, practices, and methods shall be established.

To assist in development of the new procurement program, BG&E has retained the services of a consultant, who has been involved in upgrading other utilities' procurement programs.

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Feedback verification:

 Prepare and use a feedback form for users as well as personnel in direct and indirect procurement functions.

Effectiveness verification:

5. The effectiveness of the Procurement Program Project will be evaluated by the Management and Quality Assurance Assessment, the Design and Implementation (FCR) Assessment, and the Maintenance/Operations Interfaces and Support Assessment described in Section 6.3. The ultimate evaluation of the Procurement Upgrade Program will be by means of Quality Assurance assessments that incorporate effectiveness concepts.

Completed (4/27/90); documentation on file

5.3.2 Equipment Technical Database & Maintenance Planning System

Equipment Technical Data and Maintenance Planning are currently supported by two independent, in-house developed systems residing on separate computer systems. The Nuclear Maintenance System (NMS) was developed to address the functional requirements of Maintenance Order Tracking and history. The Calvert Cliffs Equipment Tracking System (CCETS) was developed primarily to address requirements of Design Engineering. While the NMS was developed to emulate the existing manual process, it did not immediately address the functions that could improve the planning process. The most important improvement would have been integration of Equipment Technical Data with Maintenance Planning. This lack of integration has resulted in excessive manual research by the planners, and dependency on the work force to identify the appropriate requirements and procedures to perform maintenance.

The purpose of the Equipment Technical Database (ETD) is to provide better access to information as it pertains to each piece of equipment by providing a central repository to store information. The ETD will initially include information associated with the following areas:

Drawing References Technical Manual References Procedure References

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Nameplate Data Parts Lists Basic Procurement Information

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Other enhancements, such as Technical Specification references, cable and raceway data, ASME/ANSI Codes and design basis information will be considered for inclusion under the NED Electronic Data Processing (EDP' 5 Year Plan.

The ETD will support interfaces to the Maintenance Planning System. The Maintenance Planning System (MPS) all provide an integrated system for technical and functional planning. This system will replace the existing NMS and will provide the same functionality as the NMS in addition to meeting the expanded planning needs at Calvert Cliffs. The MFS system will be integrated with the Equipment Technical Database. Data will be extracted from the Equipment Technical Database for use in initiating, planning, working and closeout of Maintenance Orders (MO's). The MPS supports Preventive Maintenance and Surveillance Test Procedures scheduling, and recording of actions taken and "as found" conditions. In addition, the MPS provides on-line reporting capabilities.

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Activities defined in support of the Equipment Technical Database and the Maintenance Planning System include a software screening process, a data model study, a Project Definition and Planning study, and the Package Evaluation and Selection Process. These will be followed by System Design and Implementation.

Support interfaces from ETD and MPS for other systems such as the Materials Management System, Project/2 and the Document Retrieval System will be determined under Action Plan 5.3.6, "Information Resources Management Project."

In addition to the technical requirements affecting the development of the system, specific human issues were addressed. These issues include:

- ability of groups to rely on each other for information;
- Coordination between groups for planning, scheduling and managing work loads;
- Training and equipment requirements; and
- o general motivational considerations.

Periodic training and effective procedures will be developed and implemented to assure that these issues are addressed.

OUTCOME/RESULTS

The results to be achieved under this Action Plan include:

- Integrated Equipment Technical Database and Maintenance Planning System with the following major objectives:
 - Improved quality and content of direction to work force.
 - Improved accuracy and control of data used to plan and control work.
 - Significantly reduced time spent by Planners and Engineers identifying and researching equipment related information.
 - Improved reliability and efficiency of initiating and tracking repetitive maintenance.
 - Improved ability to perform rework analysis and crend equipment failures to support root cause analysis.

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METHODS

The methods for performing this Action Plan are:

- 1. Select and purchase software package.
- 2. Test, and modify software package.
- 3. Perform user acceptance testing.
- 4. Perform data collection and conversion.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

 Project Manager - ETD/MPS, Nuclear Information Planning and Support Unit.

VERIFICATION

Implementation verification:

- Verify implementation of a software package.
- Verify training plan implementation and assignment of individual tasks.
- Perform periodic audits to assure that procedures are being followed.

Feedback verification:

 The efficiency of the computerized improvements implemented under this Action Plan will be assessed by related improvements in maintenance planning and work control (See Section 3.6.2).

5.3.4 Design Basis Consolidation

As stated in PIP, design basis information is not easily retrievable for use in preparation of facility change packages and evaluation of events and problems. Due to a lack of an easily accessible, documented design, time-consuming research is necessary to determine the design basis for systems, components and structures. The research is often repeated for subsequent design efforts and research methods are not consistently applied. Additionally, some technical manuals for major components have also become outdated and the fire protection program has become fragmented.

To address these problems, the Configuration Management Unit (CMU) was formed in the Design Engineering Section in January 1989. The CMU has been charged with accumulating and consolidating the design basis and making it easily accessible, upgrading vendor technical manuals, and consolidating and overviewing the 10CFR50, Appendix R fire protection program.

Consolidation of the design basis will reduce the level of effort required to verify that plant changes do not adversely affect the design basis for the plant. The use of a computerized database will allow improved accessibility of the information and will assure that the appropriate design requirements within the design basis have been identified for consideration. Initial efforts will reconstitute the original "as licensed" design basis. Thereafter, the "as-built" condition will be incorporated and maintained. The Fire Protection Engineer in the CMU will be responsible for managing and maintaining the Fire Protection Program.

Further discussion of Vendor Technical Manual efforts is contained in Section 5.3.

OUTCOME/RESULTS

The efforts to be accomplished under this Action Plan include:

- Consolidation, assembly, control and maintenance of design basis source documents for systems identified for work in 1990 (i.e. Switchgear Room HVAC and CE Owners Group Phase 2b systems). Appropriate staff augmentation for the Fuel Handling and Instrument Air systems.
- Prioritization of systems for subsequent Design Basis documentation efforts. Issuance of essential procedures for design basis consolidation.

- A centralized fire protection program.
- o Completion of a reference document information database.
- All allocated positions staffed in the Configuration Management Unit.

METHODS

The methods for performing this Action Plan are:

- Obtain design baseline documents and database for the Phase 2b systems from Combustion Engineering. Obtain design baseline documents for the Switchgear Room HVAC from Bechtel. Obtain appropriate staff to support the above and the Fuel Handling HVAC/Instrument Air efforts.
- Determine system prioritization criteria and obtain management approval. Upgrade, review and issue essential procedures for design basis consolidation.
- Prepare and implement a plan for upgrading the File Protection Program.
- Finalize design, program and implement a reference document information database. Process the Switchgear room HVAC data to demonstrate its usability.
- Completely staff all allocated positions in the Configuration Management Unit

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

The resources for this Action Plan are being revised to reflect the changes shown in PIP-IP Revision 2.

RESPONSIBILIT

The responsibility for this Action Plan is assigned to:

- Design Basis Documents Principal Engineer, Configuration Management Unit.
- Fire Protection Fire Protection Engineer, Configuration Management Unit

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VERIFICATION

Implementation verification:

- Assess the program manual and procedures for design basis consolidation and database development to verify that they are acceptable.
- Assess the procedures associated with fire protection efforts to verify that revisions have been prepared and verify that a fire protection program plan has been prepared and is adequate.
- Assess the adequacy of the procedures for upgrading vendor manuals.

Feedback verification:

 Improvements in design basis consolidation will be assessed as part of the Supervisory Job Observation process.

Effectiveness verification:

4. The effectiveness of this Action Plan will be evaluated by the Design and Implementation (FCR) Assessment, and the Maintenance/Operations Interfaces and Support Assessment as described in Section 6.3. 5.3.6 Information Resources Management Project

A number of PIP Action Plans require the need for additional computer hardware, software and programmer support. These include:

0	2.5.1	Commitment Tracking System
0	2.5.2	Regulatory Commitment Management Process
0	3.6.1	Site Integrated Scheduling
0	3.6.2	Maintenance Work Control
0	3.6.3	Operations Improvement Program
0	4.1.1	Operating Experience Review
0	4.2.1	Issues Management System
0	4.4	Independent Safety Evaluation Unit
0	4.5	Safety Assessment
0	5.2.1	Procedure Upgrade Program
0	5.2.2	Surveillance Test Program
0	5.3.1	Procurement Program Project
0	5.3.2	Equipment Technical Database & Maintenance Planning System
0	5.3.3	Vendor Technical Manuals
0	5.3.4	Design Basis Consolidation
0	5.3.5	Records Management/Document Control
0	9.4.3	Reliability Centered Maintenance

Many of the current databases are end-user PC applications. These may be slated for conversion by Muclear Information Planning & Support (NIPS) for inclusion into the NIPS developed site-wide program environment following implementation of the Equipment Technical Database and Maintenance Planning System under Action Plan 5.3.2. Typically, these systems are developed by NED personnel using a commercially available database program package. This development process can lead to two problems duplication of effort (several groups collecting similar data or developing similar programs) and no set convention for data associated with the separate applications. These are critical issues when an end-user developed application is selected for inclusion into the site-wide program environment.

Thus, this Action Plan is to develop the methodology to assure that each end-user application is consistent with sitewide information needs and can be readily adapted under the NED Electronic Data Processing (EDP) 5 Year Plan.

OUTCOME/RESULTS

The results to be achieved under this Action Plan include:

 Review of PIP Action Plans for inclusion under the NED EDP 5 Year Plan.

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Develop database and process standards to ensure that end-user developed applications contain consistent formats for site-wide applications.

METHODS

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The methods for performing this Action Plan include:

- Develop a model of the PIP-EDP 5 Year Plan review process for inclusion into each Action Plan that requires computer support.
- Develop a implementing procedures for QAP-24, "Software Quality Assurance," including process development and the Master Software Index.

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- Perform reviews of the affected Action Plans to determine whether and how applications should be included in the site-wide program environment under the EDP 5 Year Plan.
- Prioritize and schedule appropriate Action Plan applications for the site-wide program environment under the EDP-5 Year Plan.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

o Supervisor, Nuclear Information Planning and Support

VERIFICATION

Implementation verification:

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- Verify appropriate implementing procedures are developed to address QAP-24, "Software Quality Assurance."
- Verify affected Action Plans reviewed for inclusion in EDP 5 Year Program and appropriate schedule priority assigned.

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Feedback verification:

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- 3. Observations from affected Action Plan managers.
- Consistency of end-user application databases with Site Data Dictionary.
- Use of Master Software Index and associated procedures for new database applications.

Effectiveness verification:

6. Effectiveness of end-user applications addressed under this Action Plan will be evaluated as part of ascessments performed of the affected individual Action Plans. Change management measures that are included in this Action Plan will be evaluated by the Self-Assessment and Events Analysis Assessment.

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5.4.2 Minor Modifications

In 1988, BG&E had Duke Engineering Services perform an independent assessment of the Nuclear Engineering Services Department. One of the recommendations of that review was that minor modifications be handled differently than major plant modifications.

The original scope of this Action Plan was for the development of a program which would qualify personnel in the Flant Engineering Section (PES) to perform minor modifications. From August 1989 through March 1990 the following tasks were completed in support of this effort:

- Development and implementation of an administrative control procedure for performing minor modifications. This included making changes to supporting procedures to accomplish the required tasks.
- o Conduct of a pilot program to determine the feasibility of performing minor modifications in this manner. This included selection of participants, selection of minor modifications to be performed, development and implementation of training for the participants, completior of three minor modifications by each participant, followed by completion of qualification as a Design Engineer and evaluation to determine validity.

As a result of the pilot program discussed below in further detail, Plant Engineering Section personnel will <u>not</u> become qualified to perform minor modifications. This will mean that the design function for the performance of minor modifications will be conducted in the Design Engineering Section and not in PES. The corresponding tasks and milestones related to qualification of PES personnel under this program have, therefore, been cancelled.

OUTCOME/RESULTS

The pilot program was completed in March 1990 with the following results:

- Qualifying PES personnel to perform minor modifications is <u>not</u> the most efficient method for completing minor modifications
- Procedures need additional changes to properly administer the minor modifications process

The Action Plan needed to be revised to incorporate 0 the lessons learned during the pilot program and to establish new tasks which will meet the requirements for performing minor modifications.

METHODS

The methods for performing this Action Plan are:

- Evaluation of minor modification procedures from other 1 utilities.
- Preparation of a minor modification procedure. 2.
- Incorporation of minor modification process into 3. existing procedures.
- Performance of an independent review of new minor 4. modifications procedures and related activities.
- 5. Perform pilot minor modifications to assess the need for | revision of the process.
- 6. Under the full scale program implementation, evaluate the necessity for re-organization of DES to facilitate processing minor modifications and day-to-day fly-up work in a manner consistent with the original intent of this this program.
- 7. Develop methods for primitization and scheduling of minor modifications and day-to-day fly-up work.
- 8. Convert the current Technical Authority Guidance into a new Calvert Cliffs Instruction (CCI) to assist the members of PES in performance of their system/component engineering functions.
- 9. Revise and implement procedures to support minor modifications functions, as required.
- Evaluate need for Nuclear Training Section to conduct a 10. job task analysis and to develop a training and gualification program.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

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RESPONSIBILITY

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The responsibility for this Action Plan is assigned to:

 General Supervisor, Plant Engineering Section - pilot program, prioritization and scheduling methods, development and implementation of new CCI, other procedure changes as required, evaluate PES training needs and implement PES training as required ne lie s

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- General Supervisor, Design Engineering Section need for DES re-organization to support program, evaluate DES training needs and implement DES training as required
- General Supervisor, Nuclear Training Section perform job task analysis and develop training and qualification program as required

VERIFICATION

Implementation verification:

- Verify procedures have been prepared, approved, and appropriately implemented to support minor modifications functions.
- Verify appropriate actions taken in regard to need for DES re-organization.
- Verify appropriate methods to prioritize and schedule minor modifications and fly-up work are implemented.
- Verify GS evaluations of training needs have been performed and these evaluations have been appropriately responded to by Nuclear Training Section.
- Verify an appropriate training program has been implemented.

Feedback verification:

 Use critiques from initial users of the minor modification procedure and process. Incorporate comments into minor modification procedures.

Effectiveness verification:

 Effectiveness of the Minor Modifications program will be | evaluated by the Design and Implementation (FCR) Assessment and the Maintenance/Operations Interfaces and Assessment described in Section 6.3.

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5.4.3 Reliability Centered Maintenance

BG&E initiated the Reliability Centered Maintenance (RCM) program to closely monitor the maintenance of specific plant systems in order to increase reliability and to provide enhanced operability of those systems. RCM is a systematic methodology for identifying the most applicable preventive maintenance tasks that focus on maintaining important system functions. Information collected through the RCM program is used to support the Plant Life Extension program.

Twelve systems have been targeted for RCM analysis. These systems were initially selected based on their importance to overall plant risk as identified in the Calvert Cliffs Interim Reliability Evaluation Program (IREP) report. Following completion of the first eight systems (which account for more than 82% of the overall risk), the selection criteria were changed to determine system selection based on overall site needs including the Diesel Generator additions planned in response to Station Blackout requirements and Individual Plant Examination (IPE) development.

The RCM program should result in increased safety and operational availability, an optimized Preventive Maintenance program and a more complete understanding of equipment failure modes.

OUTCOME/RESULTS

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The efforts to be accomplished under this Action Plan include:

- Improved plant safety through improved system 0 reliability.
- Optimized preventive maintenance by redirecting 0 maintenance resources to critical plant equipment.
- Development of a framework for providing feedback of 0 plant operating experience into the maintenance program.

METHODS

The methods for performing this Action Plan are:

- 1. Target 12 systems for RCM analysis.
- 2. Prioritize systems for application of RCM.

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- Conduct training.
- 4. Compile corrective maintenance data.
- 5. Complete system modelling and analysis.
- Select preventive maintenance activities designed to mitigate identified critical failure modes.

- 7. Integrate RCM recommendations into PM program.
- 8. Develop dynamic RCM program.

The schedule for this Action Plan is presented in Appendix A, PIP Action Plan Schedules.

RESOURCES

See Appendix B, PIP Action Plan Resources.

RESPONSIBILITY

The responsibility for this Action Plan is assigned to:

- Overall responsibility General Supervisor, Technical Services Engineering Section.
- Program Manager Engineer, Reliability Engineering Unit.

VERIFICATION

Implementation verification:

- Verify appropriateness of the target system selections.
- Verify completion of appropriate training.
- Verify review and appropriate incorporation of Vendor Technical Manual recommendations.
- Verify incorporation of RCM recommendations into PM program.
- Verify development and implementation of appropriate procedures and administrative controls necessary for long-term, dynamic program.

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Feedback verification:

- 6. Operational availability trends.
- Preventive maintenance to corrective maintenance ratio trends.
- 8. Plant trip initiator trends.
- 9. Forced outage trends associated with plant equipment.

Effectiveness verification:

 Effectiveness of the RCM program will be evaluated by the Maintenance/Operations Interfaces and Support Assessment described in Section 6.3.

6.0 PIP VERIFICATION PROCESSES

We recognize the key to sustained long-term performance improvement is evaluating actual performance against desired performance and then implementing appropriate corrective action. PIP verification is a broad-based process performed by the Quality Assurance Section, independent assessment teams, and midand upper-level management.

The PIP Verification Processes have several purposes:

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- To assure implementation of Action Plans as described in the PIP,
- In the near term, to monitor the progress of the Action Plans implemented under the PIP through feedback,
- In the long term, to assess the effectiveness of PIP initiatives (i.e., is the intended performance improvement occurring and is performance satisfactory?),
- And to provide a model for improved self-assessment processes as an integral part of our management system.

Results of these verification processes will be used as input to the Nuclear Program Plan's Issues-Based Planning Process as well as for day-to-day management control. These processes are aimed at achieving high standards of performance in all areas and an orientation toward progressive performance improvement at Calvert Cliffs.

With these goals in mind, three PIP verification processes --Implementation Verification, Management Feedback Verification, and Effectiveness Verification -- were devised. These processes are described herein, along with the results achieved so far.

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6.1 Implementation Verification Overview

The purpose of implementation verification is to determine if the Action Plan programs are being satisfactorily implemented (i.e., major program milestones have been achieved, procedures have been developed, and appropriate training has been performed). Implementation verification will assure that individual Action Plans have been appropriately implemented or, if not, that appropriate corrective action will be taken.

A procedure was developed and is being used for the performance of implementation verifications by the Quality Audits Unit to assure consistency in assessment methodology. This procedure permits the verifier the option of including concerns related to the Action Plan in addition to those items specified in each Action Plan for verification. Typically, items subject to implementation verification include:

- o Program plan development
- Action Plan "commitments."1
- o Implementing procedures
- o Personnel training

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 Pilot program results for Action Plans such as Commitment Tracking System, Performance Standards, and Minor Modifications

A "commitment" is an action statement ("method") contained in the PIP which is accomplished through certain scheduled activities. Completion of the scheduled activities constitutes meeting the "commitment".

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6.2 Management Feedback Verification Overview

The purpose of management feedback verification is to provide feedback to the managers and supervisors related to progress in attaining performance improvement so that appropriate action may be taken. These efforts form the most important and extensive verification process in terms of establishing a "culture" of closely monitoring work activities and processes to assure that Performance expectations are being met. It is the responsibility of line managers and supervisors to perform this continual verification process. Feedback systems include trend analysis, supervisory and management observations, performance appraisals, and surveys. These systems are not new. However, they are being improved, emphasized, and more clearly focused at Calvart Cliffs.

Much of the near-term feedback process will be based upon observation by management and supervision. The heightened awareness that improvement must occur will improve the effectiveness of this management method. Trend analysis is being improved or added to many of the existing plant information programs such as surveillance test results analysis and the planning systems. Adverse trends will receive closer scrutiny to determine appropriate corrective actions.

The Employee Performance Objective and Appraisal systems are in effect. Nuclear Program Plan elements are reflected in the Performance Objectives of specific employees. These objectives include the Performance Improvement Plan initiatives. Meeting these objectives (i.e., management expectations) is a key weighting factor in the performance appraisals for those employees. The Performance Objective Accountability (POA) process established under Action Plan 2.5, Accountability Improvements, provides a method for close monitoring of these objectives by management.

Surveys will be used for items that are not readily quantifiable but are important to assure organizational health. This includes determining attitudes toward and perceptions of the importance of safety, the state of leadership, teamwork, and quality of Calvert Cliffs operations and support efforts.

Supervisory and managerial job observations are being conducted and documented weekly and analyzed bi-weekly for feedback on Action Plans effectiveness and progress on addressing root causes. The analysis is sent to the VP-NED and managers for their use. Line managers are expected to take appropriate action on performance deficiencies noted. In addition, Action Plan managers are informed of feedback, both positive and negative, on their Action Plans so that appropriate adjustments can be made.

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6.3 PIP Effectiveness Verification

The purpose of effectiveness verification is to assess if performance improvement is occurring in areas targeted under the PIP. This effort can be used as a yardstick of overall performance improvement.

PIP effectiveness verification will take the form of sampling assessments modeled after NRC inspection techniques. These assessments will be equivalent in terms of detail and auditors' quality and experience levels. Their focus will be on management processes and implementation processes. The level of improvement will be evaluated for acceptability in several areas:

- Development and implementation of management tools (e.g., planning systems, team building, and performance evaluations),
- Assessment processes (e.g., safety assessments, and root cause analysis), and
- Methods for plant operation, maintenance, and engineering.

To measure effectiveness of PIP initiatives, assessments will be conducted in the following areas ("vertical slices"):

- Management and Quality Assurance¹
- o Self-Assessment and Events Analysis
- Design and Implementation Processes as ckemplified by the Facility Change Request (FCR) Process
- Interfaces and Support for Maintenance/Operations Functions (including engineering functions)

These assessments will provide indications as to whether the underlying root causes related to performance problems are being eliminated. They are also expected to indicate whether new performance problems have arisen.

The assessment areas were chosen such that the effectiveness of each Action Plan is assessed within the particular aspect of overall performance improvement being assessed. For example, the

- 1
- This assessment was conducted during the period February 1-23, 1990 and the final report issued April 27, 1990.

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effect of Teamwork and Interfaces and Project Management Improvements will be judged during assessments of Design and Implementation Processes, and Interfaces and Support for Maintenance/Operations Functions, where work control and working relations play important roles. Many of the Action Plans are covered by two or more assessments further assuring in-depth evaluation of effectiveness from different perspectives.

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Table 6.1 provides our current correlation between the assessments and the Action Plans that they will cover. Some revisions may occur based on results from implementation and feedback verifications or from the results of the "vertical-slice" process itself. Assessment results will be evaluated to determine if the root causes of declining performance are being adequately addressed.

During the assessments, the scope will be extended as needed to determine if appropriate, effective methodologies and procedures have been implemented. If a problem is suspected, the assessment will be expanded in the specific area of concern until the generic problem (issue) can be adequately defined. The assessments will cross organizational lines and will assess overall performance in related functional areas. The goal will be to evaluate the effectiveness of performance improvement efforts, and to verify that plant programs and initiatives have been revised to incorporate and implement concepts for continued improvement.

These assessments will be performed under the direction of the Quality Assurance Section. A "building block" approach was employed to determine the order in which the assessments are to be performed, starting with the Management and Quality Assurance assessment. Performance improvement in these areas is fundamental to all other efforts; therefore, these areas must be assessed first.

The Management and Quality Assurance Assessment was conducted in February 1990 and is discussed below. The remaining three assessments will be performed sequentially with appropriate intervals between them. The assessment intervals will be based on the Action Plan schedules and on the expected rate and order in which significant performance improvements can be expected to occur. Some of the Action Plans will be implemented over long periods. In these cases, the assessments listed in Table 6.1 will gauge effectiveness of the pilot programs. Their long-term effectiveness will be evaluated under subsequent effectiveness verifications that will be made part of the on-going Quality Assurance Program.

From February 1 through February 29, 1990, a team of seven investigators assessed management and quality assurance activities

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completed or in progress (see Table 6.1 for Action Plans assessed). The specific purpose for this first assessment was to determine if performance is improving in those areas associated with management effectiveness in directing the organization and assuring quality. These areas included setting and communicating management expectations, sponsorship and accountability, and control and oversight.

Heavy reliance was placed on interviews. Recognizing that such reliance could invite biased and/or unsubstantiated views and criticisms, the team, whenever possible, obtained corroboration of the views expressed and the comments offered. In the final analysis, the team relied upon its collective work experience to judge the true condition. Results indicated that overall performance at Calvert Cliffs is improving and the improvement can be attributed, in part, to the effectiveness of completed and in progress management- and quality-related PIP activities. Positive results were observed from nearly every Action Plan, most of which contributed, in varying degrees, to the observed improved performance. This positive trend, given continued management attention, should attain the level of performance desired by BG&E.

Items requiring follow-up from the assessment are being addressed in one of four ways. These are:

- Items which fall within the intended scope of an Action Plan will be referred to the Action Plan manager for action as appropriate;
- Items which are outside of an Action Plan but within the intended scope of the PIP will be dispositioned by revising the scope of the Action Plan using the formal FIP Change Control process discussed in Section 1.4, PIP Implementation Program Management Controls.
- Items which are outside the intended scope of the PIP have been proposed as issues for the April, 1990 Spring Planning Conference, described in Action Plan 2.3, Issues-Based Planning, for possible inclusion in the 1991 Nuclear Program Plan.
- o Items which are "loose 'chreads" and for which no clear need for corrective action is indicated will be referred to the appropriate line manager for follow-up and to ISEU as input to its trending activities as described in Action Plan 4.4, Independent Safety Evaluation Unit.

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Table 6.1 PIP Effectiveness Verification Matrix

Legend:

Slice 1 Management and Quality Assurance Asse Slice 2 Self-Assessment and Events Analysis A Slice 3 Design and Implementation (FCR) Asses Slice 4 Maintenance/Operations Interfaces and	ssessment sment Suppor	ent ⁺ ssment nt pport	
Assessment AREA TO BE VERIFIED	ASSE	SSMENT	SLICE
MANAGEMENT PROCESS IMPROVEMENTS			
Management Expectations	x		
- Performance Standards - Communications Plan	x x		
NPP Issues-Based Flanning	x		
Resource Allocation	x		
Accountability Improvements	х		
 Commitment Tracking System Regulatory Commitment Management Process 	x	x	
ORGANIZATIONAL DYNAMICS IMPROVEMENTS			
Completed Organizational Improvements			x x
Managing Organizational and Program Change	x		
Leadership Conferences	x		
Teamwork and Interfaces	x		x x
Project Management	x		x

1 This assessment was conducted during the period February 1-23, 1990 and the final report issued April 27, 1990.

Table 6.1 PIP Effectiveness Verification Matrix (Continued) Legend:

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		ASS	ESSME	NT SL	ICE
AREA TO E	BE VERIFIED	1	2	3	4
ORGANIZAT	TIONAL DYNAMICS IMPROVEMENTS (Co	ontinued)			
Daily & C	Outage Work Control	x		x	x
Site Inte	egrated Scheduling	x		x	x
Maintenar	nce Work Control	x		x	x
Operation	ns Improvement Plan			x	x
Engineer	ing Planning	x		x	x
System C:	ircles			x	x
Quality (Circles Program		x		x
ASSESSME	NT CAPABILITY IMPROVEMENTS				
Plant Ope Assessme	erating Experience ent Committee (POEAC)		x		
Operatin	g Experience Review		x		
QC Impro	vements	x	x	х	x
Issues M	anagement System		x	x	x
QA Inter Improve	nal Assessment Process ments	x	x		
Independ Unit (I	ent Safety Evaluation SEU)		x		х
Safety A	ssessment		x	x	×
Root Cau	se Analysis Improvements		x		,

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Table 6.1 PIP Effectiveness Verification Matrix (Continued)

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Slice 4 Maintenance/Operations Interfaces and Assessment	Suppo	rt			
	ASSESSMENT SLICE				
AREA TO BE VERIFIED	1	2	3	4	
Plant Operations and Safety Review Committee (POSRC)		x	x		
Off-Site Safety Review Committee (OSSRC)	x	x			
Visiting Other Plants		x			
ACTIVITY CONTROL IMPROVEMENTS					
Auxiliary Systems Engineering Unit				x	
Procedure Improvements					
- Procedure Upgrade Program - Surveillance Test Program - Post Maintenance Testing	x	x x	x	x x x	
Configuration Control Improvements					
 Procurement Program Project Equipment Technical Database Maintenance Flanning System 	х		x	x x	
- Technical Manual Improvements			x	x	
- Design Basis Consolidation			x	X	
- Records Management/Document Control			x	х	
- Information Resources Management Project		x			
Technical Capability Improvements					
- System Engineer Training		x	x	x	
Improvements			x	x	
- Reliability Centered Maintenance		x		x	
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This assessment was conducted during the period February 1-23, 1990 and the final report issued April 27, 1990.

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APPENDIX C FIP ACTION PLAN PROGRESS

This Appendix presents a summary of progress made on each Action Plan based on the first guarter update summaries for the 1990 Nuclear Program Plan. As stated in PIP-IP Revision 1, Appendix C will be updated each guarter to reflect active Action Plan progress during the calendar guarter as documented in the Nuclear Program Plan Quarterly Updates. This includes a cumulative progress measure based on commitments and resources expended through the last bi-weekly update during the guarter. In addition, a summary status of each completed Action Plan is included. It should be noted that the scheduled completion dates given in the following summaries were as of March 31, 1990. Any new scheduled completion dates are shown in Table C.1.

Through April 1990, the PIP was 46% complete, based on having completed 119 commitments¹. Overall estimated expenditures of budgeted manhours for activities related to the completion of commitments was approximately 43%. These numbers have been impacted by the addition of new Action Plans, changes to the Procedure Upgrade Program, and a significant scope change in the Surveillance Test Procedures Action Plan.

As of the end of April 1990, 10 Action Plans were reported as complete and have been verified for implementation. These are:

- 2.5 Accountability Improvements
- 3.3 Leadership Conferences
- 3.7 Engineering Planning Unit
- 3.8 System Circles
- 4.1 Plant Operating Experience Assessment Committee
- 4.3 QA Internal Assessment Improvements
- Off-Site Safety Review Committee 4.8
- 5.1 Auxiliary Systems Engineering Unit
- 5.2.3 Post Maintenance Testing
- 5.4.1 System Engineer Training

The implementation verification status of all Action Plans is also indicated in Table C.1.

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A "commitment" is an action statement ("method") contained in the PIP which is accomplished through certain scheduled activities. Completion of the scheduled activities constitutes meeting the "commitment".

2.2.1 Performance Standards

The procedures for the performance standards pilot program were completed. A workshop was held for 6 out of 8 Planning & Support Supervisors. Performance standards were developed for P&S Supervisors and work leaders will have standards by 03/90. The Management and Quality Assurance Assessment noted an increased understanding of job expectations where performance standards had been implemented. As a result of the assessment's findings and recommendations, this Action Plan will be extended to explore expanding performance standards to other sections and units.

As of March 31, 1990, this Action Plan has expended 99% of its planned PIP resources and has met 1 of 2 PIP commitments. Scheduled completion of this Action Plan is June 1990.

2.2.2 Communications Plan

Focus Meetings on the 1990 Nuclear Program Plan (NPP) and the Focus Meeting concept were conducted. CCTM documentation for attendance at these meetings is being collected from General Supervisors and Supervisors. Preparation work for the second quarter 1990 Focus Meetings was also begun.

The second edition of "On-Site Insight" was written and produced for the January Quarterly Communications Meetings at Calvert Cliffs. An extensive investigation of the installation of a video/graphics communications system at Calvert Cliffs for internal communications enhancement was initiated. In addition, a number of employee handouts were prepared and distributed.

As of March 31, 1990, this Action Plan has expended 99% of its planned PIP resources and has met 8 of 11 PIP commitments. Scheduled completion of this Action Plan is December 1990.

2.3 NPP Issues-Based Planning

The 1990 Nuclear Program Plan (NPP) was issued on January 10. On February 2, a revision to the NPP was issued reflecting "firming up" of the managers' Performance Objectives. One additional revision of the 1990 NPP is currently pending related to the February 1990 reorganization.

Design of the Spring Planning Conference (SPC) agenda is proceeding. Active solicitation of issues for review at this conference was begun in mid-February. To date, approximately 50 items have been received, and are presently being categorized by the Management Systems Unit. Any of these items or "issues" may

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be discussed at the SPC. A proposed agenda for the SPC is scheduled to be issued during the first week of April. The SPC will be held on-site and is scheduled for April 27. The results of this conference will be a prioritized list of "issues" which will be dealt with in the 1991 NPP.

As of March 31, 1990, this Action Plan has expended 89% of its planned PIP resources and has met 5 of 6 PIP commitments. Scheduled completion of this Action Plan is November 1990.

2.5 Accountability Improvements

Following issuance of the 1990 NPP on January 5, preparation of Performance Objectives below the Manager level was begun. Loading of 1990 POs into the Performance Objectives Accountability database was initiated, and is being completed as POs are received. Loading of the database is now scheduled to be completed by April. In addition, responses were submitted to Quality Assurance Unit for closeout of issues from Implementation Verification of October 1989. With these responses and the completion of loading the POA database, all PIP commitments will be met.

As of March 31, 1990, this Action Plan has expended 100% of its planned PIP resources and has met 2 of 2 PIP commitments. Completion of this Action Plan is awaiting completion of implementation verification scheduled for April 1990.

2.5.1 Commitment Tracking System

At the direction of senior management, the expansion of the pilot program in 1989 to a site-wide program was accelerated. Action Plan is being rescoped for PIP-IP Revision 2. A presentation was made to the Management Review Board (MRB) on March 29 concerning tasks and schedule to accomplish this. As a result of the MRB, two recommendations were approved:

- Publish a policy on management expectations for the purpose and use of commitment tracking; and
- Accelerate the implementation of NUCLEIS Commitment Management and Action Tracking modules for long-term implementation of CTS, if feasible.

As of March 31, 1990, this Action Plan has expended 100% of its planned PIP resources and has met 3 of 3 PIP commitments. Completion of the Action Plan awaits completion of implementation verification of site-wide CTS.

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2.5.2 Regulatory Commitment Management Process

This is a new Action Plan under development. Quarterly progress reporting will begin in the second quarter 1990.

3.2 Managing Organization and Program Change

A 3-day training course on change management was completed March 1. A Follow-up training course for senior managers is scheduled for April 21, 1990.

As of March 31, 1990, this Action Plan has expended 42% of its planned PIP resources and has met 1 of 3 PIP commitments. Scheduled completion of this Action Plan is December 1990.

3.3 Leadership Conferences

With the issuance of the 1990 Leadership Conference schedule, all activities for this Action Plan were completed and all PIP commitments were met. Implementation verification was completed February 22, 1990.

3.4 Teamwork and Interfaces (formerly, Team Building Workshops)

Based on March 23 meeting with Messrs. Denton and Cruse and Training and Development personnel consultants, this Action Plan will be revised to reflect the use of process management (Rummler-Brache) in selected organizational elements and processes. Tasks to be accomplished are to identify and prioritize organizational elements and determine schedule. Target for completion of these tasks and submittal of the appropriate change request is mid-April.

As of March 31, 1990, this Action Plan has expended 99% of its initially planned PIP resources and has met 1 of 3 PIP commitments. Scheduled completion of this Action Plan is now fourth guarter 1990.

3.5 Project Management Improvements

To implement project management, selected MO's have been given to project managers and project plans were developed. A study phase completed February 12 and a letter was issued summarizing study results.

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Revision of Project Management Policy Manual (PMPM) was delayed to April awaiting input from contractor. To implement Project Management, selected FCRs were assigned to the Project Management Unit where project managers were assigned and project plans were developed. Training for project managers and task managers was completed. Comments from this training are incorporated into the PMPM scheduled to be issued April 1990.

As of March 31, 1990, this Action Plan has expended 99% of its planned PIP resources and has met 6 of 8 PIP commitments. Scheduled completion of this Action Plan is April 1990.

3.6 Daily/Outage Work Control

This Action Plan was superseded and replaced by the following:

- o 3.6.1 Site Integrated Scheduling
- o 3.6.2 Maintenance Work Control
- o 3.6.3 Operations Improvement Plan

Progress reporting will be made against these new Action Plans.

3.6.1 Site Integrated Scheduling

A number of activities were accomplished in this guarter. These include:

- Completion of the requirement analysis activities to establish Site Integrated Scheduling (SIS) goals, objectives and products
 - Advisory Committee review and incorporation of their comments
 - NED Manager's review and incorporation of their comments
 - Approval by the VP-NED of the SIS goals, objectives and products
- Completion of the SIS Conceptual Design Document
 - SIS Conceptual Document prepared by SIS development team
 - Document reviewed by Steering Committee
- o SIS Conceptual data base design has been completed
- SIS Conceptual organizational functions have been developed into units

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- Developed a proposed Project/2 coding structure for the SIS organizations
- o Completed four (4) interim scheduling instructions
- Completion of development of supporting reports for the daily scheduling process
- Completed organizational review of the relative ranking process and documentation of comments by interviewees
- o Completed training in the following areas:
 - Long-range scheduling for Maintenance Scheduling personnel
 - Micro Integration Logic Training for Maintenance Scheduling personnel

Advisory Committee review of the SIS conceptual design parameters and organizational structure and staffing requirements has been temporarily delayed to evaluate the Action Plan schedule. Hardware and software analysis activities began March 26.

As of March 31, 1990, this Action Plan has expended 27% of its planned PIP resources and has met 1 of 10 PIP commitments. Scheduled completion of this Action Plan is March 1991.

3.6.2 Maintenance Work Control

The schedule and resource loading for the Action Plan were completed. The Planner Qualification Manual was approved February 27. The Maintenance Document Review Group guideline was completed ahead of schedule on February 8. Qualification criteria for maintenance planners were established March 13. Lead Planner positions were established March 16 ('3 months ahead of schedule). A Lead Planner job description has been developed and will be formalized by May 31.

As of March 31, 1990, this Action Plan has expended 48% of its planned PIP resources and has met 1 of 5 PIP commitments. Scheduled completion of this Action Plan is December 1990.

3.6.3 Operations Improvement Program

The Action Plan was formally approved February 25. Activities, schedules, resources have been loaded into P/2. The Action Plan was included in PIP-IP Revision 1. Replacement of PS-2 system was completed February 3 (⁴ months ahead of schedule). HP-3000 terminal and IBM printer were relocated to Safety Tagging March 2 (4 weeks ahead of schedule). Activities to relocate offices for better flow and use were begun March 12 (⁷7 weeks ahead of schedule). A walkdown was completed on the viewing gallery and renovation of the Shift Supervisor office. Renovation of the control room vestibule is now scheduled to begin July (²2 month delay from original schedule). Other activities on schedule.

As of March 31, 1990, this Action Plan has expended 9% of its planned PIP resources and has met 0 of 5 PIP commitments. Scheduled completion of this Action Plan is April 1993.

3.7 Engineering Planning

With the generation of the NESD schedule, all activities for this Action Plan were completed and all PIP commitments were met. Implementation verification was completed March 23, 1990.

3.8 System Circles

With the activities to report on System Circle meetings, to document planned actions and accountability, and to hold meetings and issue minutes, all activities for this Action Plan were completed and all PIP commitments are considered to be met. Implementation verification was begun March 21, 1990 and is scheduled for completion in early April 1990.

3.9 Quality Circles

In March 1989, there were only two functioning Quality Circles at Calvert Cliffs. As of March 1990, there are 11 functioning Quality Circles. In the first quarter of 1990, four new circles were formed. They are:

- Interdepartmental Document Control Circle
- Mechanical Maintenance Qualifications
- o Nuclear Operations
- o Radiation Safety

Quality Circle orientation meetings were conducted on January 29. Quality Circle facilitator and leader training was conducted on February 20 and 21. As of the end of the first quarter, two of the four new circles (Radiation Szfety and Mechanical Maintenance-Qualifications) have held circle kickoff meetings. The other two circle kickoff meetings are scheduled for second quarter 1990. On March 2, a Quality Circles progress report was issued to show the status of the program since rejuvenation efforts began in March 1989.

As of March 31, 1990, this Action Plan has expended 99% of its planned PIP resources and has met 7 of 8 PIP commitments. Scheduled completion of this Action Plan is September 1990.

4.1 POEAC

Activities were completed and PIP commitments for this Action Plan were met in the third guarter of 1989. Follow-on improvements in this area are being addressed by Action Plan 4.1.1, Operating Experience Review.

4.1.1 Operating Experience Review

This is a new Action Plan under development. Quarterly progress reporting will begin in the second quarter 1990.

4.2 Quality Control Improvements

The Quality Control (QC) Critical Characteristics Pilot Program on control valves was completed March 23. Work began on preparation of Request For Proposal (RFP) for a Critical Characteristics inspection program.

Preparation and issuance of QC procedures and inspection instructions continued, including preparation of a RFP for additional assistance in this area.

The revision of CCI-116H, which includes the new Problem Report, along with appropriate training was completed. Effective date for the CCI-116H is now May 1, 1990. In addition, work began on consolidating the corrective action process. This will be implemented under a separate Action Plan 4.2.1, Issues Management System.

Preparations for reorganization of the QC Master Unit continued.

As of March 31, 1990, this Action Plan has expended 52% of its planned PIP resources and has met 3 of 8 PIP commitments. Scheduled completion of this Action Plan is December 1990.

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4.2.1 Issues Management System

This is a new Action Plan under development. Quarterly progress reporting will begin in the second quarter 1990.

4.3 QA Internal Assessment Improvements

With the development and implementation of real-time surveillances, all activities for this Action Plan were completed and all PIP commitments were met. Implementation verification was completed January 16, 1990.

4.4 ISEU

A basic trend analysis methodology has been developed and trends were identified. A quarterly trend report was issued for third quarter 1989 and fourth quarter 1989 and fulfills the requirement for a reporting mechanism to management. A Non-Conformance Report was issued for each trend identified. During the first quarter 1990 ISEU has been unable to maintain the trending function. A large backlog of trend data has developed and little data manipulation has been performed. The guarterly trend report was not issued in February when it was originally due. This report is currently scheduled to be issued May 30, 1990. This condition has been caused by the following:

- Promotion of the trend program coordinator out of the Unit.
- o Inability to fill complement
- High demand for plant investigations

ISEU has been very active in event investigations. Nine Human Performance Enhancement System (HPES) investigations were initiated in the first quarter 1990 and four of these have been completed. Additionally, ISEU participated in two SIFT investigations, the Commitment Implementation Assessment project and the Maintenance Information System program.

Progress has also been made on a new CCI designed to integrate investigation requirements. The one key element in the investigation area that has been delayed is establishment of a near-miss reporting system. This is in part due to the investigation demand and delay of the Problem Report implementation under CCI-116H to May 1, 1990. The Problem Report will be the reporting mechanism for near-misses.

As of March 31, 1990, this Action Plan has expended 43% of its planned PIP resources and has met 1 of 7 PIP commitments. Scheduled completion of this Action Plan is December 1990.

4.5 Safety Assessment

A 10 CFR50.59 training class was conducted February 27 and 28. This training uses NSAC 125 as a guide to further enhance nuclear safety awareness. Testing of a selected procedure using the 50.59 process was completed on March 23 and results were evaluated. The safety assessment for procedure changes will utilize both 50.59 screening questions and nuclear safety questions. The screening questions are now in a proposed revision to CCI-101.

As of March 31, 1990, this Action Plan has expended 84% of its planned PIP resources and has met 1 of 8 PIP commitments. Scheduled completion of this Action Plan is January 1991.

4.6 Root Cause Analysis Improvements

The 1990 Root Cause Analysis training contract was awarded March 28. Training on RCA procedures originally scheduled for November and December 1989 was completed March 23. Training on methodology originally scheduled for February and March has been deferred to April because of unavailability of operators.

As of March 31, 1990, this Action Plan has expended 73% of its planned PIP resources and has met 3 of 5 PIP commitments. Scheduled completion of this Action Plan is February 1991.

4.7 POSRC

CCI-103L, including additional guidance to POSRC members, a POSRC Procedure Review subcommittee, and presenters guidance was put into effect January 15, 1990. No other activities or PIP commitments were scheduled for this guarter.

As of March 31, 1990, this Action Plan has expended 97% of its planned resources and has met 4 of 5 PIP commitments. Scheduled completion of this Action Plan is May 1990.

4.8 OSSRC

With the review and approval of an OSSRC Manual change to close out an implementation verification finding from December 1989, all activities for this Action Plan were completed and all PIP commitments were met. Implementation verification was completed February 5, 1990.

4.9 Visiting Other Plants

R. Denton participated in a plant visit to Surry. W. R. McCready participated as an INPO peer evaluator at Maine Yankee. T. S. O'Meara was assigned to the ANO visit which was later cancelled by INPO. M. Navin has been assigned to visit Palo Verde (rescheduled to start April 30, 1990). A. H. Shumaker will assist on the INPO simulator visit at ANO on April 30, 1990. D. H. Frye and J. D. Hayden have been scheduled to be peer evaluators at St. Lucie starting May 14, 1990. A list of INPO evaluations to be conducted during the second and third quarter of 1990 was distributed to Managers and General Supervisors for their selection to support the performance objective of five visits to other plants.

As of March 31, 1990, this Action Plan has expended 65% of its planned PIP resources and has met 0 of 5 PIP commitments. Scheduled completion of this Action Plan is May 1990.

5.1 Auxiliary Systems Engineering Unit

Activities were completed and PIP commitments for this Action Plan were met in the third guarter of 1989.

5.2.1 Procedures Upgrade Program

Criteria were established and NRC approval was received for performing biennial reviews during the Procedure Upgrade Program (PUP). Four more contractors were added to the PUP administrative staff. An organization proposal to establish a formal project organization was submitted. Drafts of the new administrative procedure hierarchy, procedure system and necessary changes in FSAR Appendix 1B permitting implementation of the new hierarchy were submitted to Quality Assurance (QA) for review.

Revision 1 of the Project Plan was submitted to management for approval. Revision 2 of the Project Plan is scheduled for April 1990. A project status report was provided to the Management Review Board (MRB) including the results of an independent project assessment by Operations Analysis Corporation.

Various writers' guides and procedure control features were consolidated in draft revision N to CCI-101. This draft was sent for final QA review on March 15 and final approval is expected in early April 1990. Revisions to CCI-100 and CCI-101 to address changes in the procedure review and approval process will be sent out for review in April 1990. As of March 31, 1990, this Action Plan has expended 83% of its planned PIP resources and has met 2 of 9 PIP commitments. Scheduled completion of this Action Plan is December 1992.

5.2.2 Surveillance Test Program

Development of the initial version of the STP Data Trending Program was completed and the initial data from the IST program was input. Evaluation of this program found it unsatisfactory and upgrading of the program is required. Additional Control Procedures, CCI-101M, CCI-104J and CCI-613D, have been reviewed and issued. The procedure revisions include STP format specification, guidance on inclusion of vendor manual requirements, and STP reviewer qualification requirements. These changes close out three commitments related to STPs. The first evaluation of scheduling program was completed February 23.

A formal program change, requesting expanding scope of program, was approved February 14 and the changes are reflected in PIP-IP Revision 1.

As of March 31, 1990, this Action Plan has expended 6% of its planned PIP resources and has met 6 of 11 PIP commitments. Scheduled completion of this Action Plan is December 1992.

5.2.3 Post-Maintenance Testing

Activities were completed and PIP commitments for this Action Plan were met in the fourth quarter of 1989.

5.3.1 Procurement Program Project

During the first quarter 1990, project tasks were separated into essential and non-escential tasks. Essential tasks are those necessary to fulfill our procurement commitments. Non-essential tasks, such as tasks associated with improving procurement planning and modifying some existing procedures, will be completed after implementation of essential tasks.

Efforts continued to develop a new CCI on procurement of parts and services. Development of lower level unit procedures for P&CCU, PQU and PEU also continued. Development of the procurement-related training program began in the last week of March. A computer program for tracking technical evaluations was developed. The Organizational Planning Unit continued to process the proposed organization change; approval is expected May 1990. The proposed organization change will require a change to the Quality Assurance Policy, which will require NRC concurrence if it determined to be a reduction in commitment.

As of March 31, 1990, this Action Plan has expended 54% of its planned PIP resources and has met 0 of 9 PIP commitments. Scheduled completion of this Action Plan (essential tasks) is August 1990.

5.3.2 Equipment Technical Database and Maintenance Planning System

The SEI/NUCLEIS contract has been awarded. System installation and testing is underway. The Rulebook for equipment identification is now scheduled for issuance in the second quarter 1990. In addition, ETD and MPS System Design and Implementation was completed.

A formal sogram change to the Action Plan is under development and is scheduled for approval in early April. This change will be reflected in PIP-IP Revision 2.

As of March 31, 1990, this Action Plan has expended 22% of its planned PIP resources and has met 6 of 10 PIP commitments. Scheduled completion of this Action Plan is December 1990.

5.3.3 Technical Manual Improvements

CCI-122F, Control of Technical Manuals and Other Vendor Technical Information, was issued January 10. Proposals were reviewed and three vendors were selected on March 13 for Technical Manual Review. The selected contractors are in training for the backlog correction efforts. After training, it will take 2-4 months to complete all tasks. Selection of Technical Manuals to be assigned for review completed March 21. Initial screening of these backlogged manuals began March 22.

As of March 31, 1990, this Action Plan has expended 26% of its planned PIP resources and has met 6 of 11 PIP commitments. Scheduled completion of this Action Plan is July 1990.

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5.3.4 Design Basis Consolidation (formerly Configuration Management)

Project procedures, including a writers' guide, deficiency reporting and QA guideline procedures, were developed. These are scheduled to be issued for review and approval in the second guarter 1990.

Participation in the CE Owners Group Configuration Management task force continued to represent BG&E's interests in the Nuclear Steam Supply System (NSSS) design basis document consolidation. A consultant was assigned to overview the Architect-Engineer (A-E) document selection process.

The 5 year effort to retrieve the detailed design basis is approximately 90 days behind schedule.

As of March 31, 1990, this Action Plan has expended 7% of its planned PIP resources and has met 1 of 3 PIP commitments. Scheduled completion of this Action Plan is November 1994.

5.3.5 Document Control/Records Management

The Action Plan scope, schedule and resource projections were completed and the plan was included in PIP-IP Revision 1. Activities began on schedule.

The scope document for controlled procedure distribution and control system development was completed March 16. Activities began March 19 to establish a plan for control and distribution of hard copies of implementation procedures for Operations, Rad Safety, Chemistry, Technical Services Engineering, Maintenance and the copy center.

As of March 31, 1990, this Action Plan has expended 7% of its planned PIP resources and has met 0 of 4 PIP commitments. Scheduled completion of this Action Plan is December 1990.

5.3.6 Information Resources Management Project

This is a new Action Plan under development. Quarterly progress reporting will begin in the second quarter 1990.

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5.4.1 System Engineer Training

With the implementation of a qualification program for System Engineers, all activities for this Action Plan were completed and all PIP commitments were met. Implementation verification was completed January 15, 1990.

5.4.2 Minor Modification Process Improvements

DES Procedures to support CCI-158 are in word processing. Based on Job Task Analysis, training will be developed and scheduled for specified members of PES.

Independent review by consultant and resolution of comments was completed February 22. This met two PIP commitments.

Pilot program participants continued to work on the three minor modification FECs assigned. A change request was approved to add three new tasks to the Action Plan including performing a job task analysis, development of a training program and implementation of appropriate training.

As of March 31, 1990, this Action Plan has expended 56% of its planned PIP resources and has met 6 of 9 PIP commitments. Scheduled completion of this Action Plan is September 1990.

5.4.3 Reliability Centered Maintenance

Generation of Preventive Maintenance (PM) worksheets, PM task Summary, PM Task Comparison, and preparation of the Draft System Reports were completed on schedule. A review of the Vendor Technical Manuals for the second set of systems was completed on schedule. A Preventive Maintenance basis review was completed on schedule. In order to allow time to obtain approval for recommendations to date from the first two sets of systems, justifications to delay third set of systems for RCM analysis have been written.

As of March 31, 1990, this Action Plan has expended 51% of its planned PIP resources and has met 0 of 10 PIP commitments. Scheduled completion of this Action Plan is November 1990.

Verification Activities

6.1 Implementation Verification

Implementation verification of the following Action Plans was completed in the first guarter 1990:

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- o 3.7 Engineering Planning Unit
- o 4.3 QA Internal Assessment Improvements (performed by PQU)
- o 5.4.1 System Engineer Training

In addition, a re-verification of Action Plan 4.8, Off-Site Safety Review Committee, was completed on a revision to the OSSRC Manual. Results indicate all actions have been implemented for these Action Plans.

Implementation verification activities of the following Action Plans was begun in the first quarter 1990:

o 3.8 - System Circles

o 5.1 - Auxiliary Systems Engineering Unit

In addition, re-verification of Action Plan 2.5, Accountability Improvements, was begun. Results from these verifications will be issued in April 1990.

Because of a change in Action Plan scope and schedule, implementation verification of Action Plan 3.4, Teamwork and Interfaces, was postponed to later in the year.

6.3 Effectiveness Verification

The first effectiveness verification covering the areas of Management and Quality Assurance was begun in late Canuary. The assessment team from ERCE was on-site in February. An exit meeting was held with BG&E senior management on March 8. The draft assessment report was issued to BG&E for review on March 19. Comments are now being resolved. Publication of the final report is scheduled for April 1990.

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